VA HEALTH CARE DELIVERY IN SOUTHEASTERN PENNSYLVANIA

HEARING

BEFORE THE

SUBCOMMITTEE ON
HOSPITALS AND HEALTH CARE

OF THE

COMMITTEE ON VETERANS' AFFAIRS
HOUSE OF REPRESENTATIVES

NINETY-EIGHTH CONGRESS

SECOND SESSION

JULY 12, 1984

Printed for the use of the Committee on Veterans' Affairs

Serial 98-55

U.S. GOVERNMENT PRINTING OFFICE
37-854 O WASHINGTON : 1984

H761-29

COMMITTEE ON VETERANS' AFFAIRS

G. V. (SONNY) MONTGOMERY, Mississippi, *Chairman*

DON EDWARDS, California
BOB EDGAR, Pennsylvania
SAM B. HALL, JR., Texas
DOUGLAS APPLEGATE, Ohio
MARVIN LEATH, Texas
RICHARD C. SHELBY, Alabama
DAN MICA, Florida
THOMAS A. DASCHLE, South Dakota
WAYNE DOWDY, Mississippi
MATTHEW G. MARTINEZ, California
LANE EVANS, Illinois
MARCY KAPTUR, Ohio
FRANK HARRISON, Pennsylvania
ALAN B. MOLLOHAN, West Virginia
TIMOTHY J. PENNY, Minnesota
HARLEY O. STAGGERS, JR., West Virginia
J. ROY ROWLAND, Georgia
JIM SLATTERY, Kansas
JOHN BRYANT, Texas
JAMES J. FLORIO, New Jersey

JOHN PAUL HAMMERSCHMIDT, Arkansas
CHALMERS P. WYLIE, Ohio
ELWOOD HILLIS, Indiana
GERALD B. H. SOLOMON, New York
BOB McEWEN, Ohio
CHRISTOPHER H. SMITH, New Jersey
DENNY SMITH, Oregon
PHIL GRAMM, Texas
DAN BURTON, Indiana
DON SUNDQUIST, Tennessee
MICHAEL BILIRAKIS, Florida
NANCY LEE JOHNSON, Connecticut

MACK FLEMING, *Chief Counsel and Staff Director*

SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE

BOB EDGAR, Pennsylvania, *Chairman*

DAN MICA, Florida
WAYNE DOWDY, Mississippi
LANE EVANS, Illinois
MARCY KAPTUR, Ohio
FRANK HARRISON, Pennsylvania
ALAN B. MOLLOHAN, West Virginia
TIMOTHY J. PENNY, Minnesota
HARLEY O. STAGGERS, JR., West Virginia
J. ROY ROWLAND, Georgia
JIM SLATTERY, Kansas
JOHN BRYANT, Texas
JAMES J. FLORIO, New Jersey
THOMAS A. DASCHLE, Minnesota

JOHN PAUL HAMMERSCHMIDT, Arkansas
ELWOOD HILLIS, Indiana
GERALD B. H. SOLOMON, New York
BOB McEWEN, Ohio
CHRISTOPHER H. SMITH, New Jersey
PHIL GRAMM, Texas
MICHAEL BILIRAKIS, Florida
NANCY LEE JOHNSON, Connecticut

CONTENTS

JULY 12, 1984

	Page
VA health care delivery in Southeastern Pennsylvania	1

OPENING STATEMENTS

Chairman Bob Edgar	4
Hon. G. V. (Sonny) Montgomery	5

WITNESSES

Bell, Hon. Clarence, vice chairman, Senate Military Affairs and Veterans' Affairs Committee, State of Pennsylvania	11
Prepared statement of Senator Bell	54
Carr, Alvis B., Jr., Director, mid-Atlantic region, DM&S, Veterans' Administration	46
Cordisco, Hon. John F., chairman, Military and Veterans' Affairs Committee, Subcommittee on Veterans' Health Care, Pennsylvania House of Representatives	13
Prepared statement of Mr. Cordisco	57
Duld, Charles F., executive director, Veterans' Advisory Commission, city of Philadelphia	31
Prepared statement of Mr. Duld	60
Dyer, Francis E., second vice commander, Delaware County Veterans' Council	22
Prepared statement of Mr. Dyer	59
Fisher, John, regional administrator, Eastern Paralyzed Veterans Association	42
Prepared statement of Mr. Fisher	70
Joyner, Dennis A., National Commander, Disabled American Veterans	7
Prepared statement of Mr. Joyner	53
Kanfer, Morris M., adjutant, United Veterans Council of Philadelphia, Inc	35
Korejwo, Zygmunt, commander, Delaware County Veterans Council	25
Lavender, John B., president, Delaware County Vietnam Veterans of America	37
Prepared statement of Mr. Lavender	68
Palecko, Frank, service officer, Department of Pennsylvania, American Ex-Prisoners of War	40
Sack, Andrew, Associate Director, VAMC, Coatesville, PA	46
Prepared statement of James L.G. Parsons II, Director, Coatsville, PA VAMC	73
Smith, Richard A., Vietnam Veterans of America, representative to the Delaware County Veterans Council	25
Wilbraham, Robert L., National Commander, AMVETS	6
Williams, Ray T., Director, VAMC, Philadelphia, PA	46
Prepared statement of Mr. Williams	71

MATERIAL SUBMITTED FOR THE RECORD

Statement of:	
Scott, Maj. Gen. Richard M., Adjutant General, State of Pennsylvania, Department of Military Affairs	55
Watson, Louise M., widow of deceased U.S. Marine	77
Written committee questions and their response: Chairman Edgar to Veterans' Administration	75

VA HEALTH CARE DELIVERY IN SOUTHEASTERN PENNSYLVANIA

THURSDAY, JULY 12, 1984

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The subcommittee met, pursuant to notice, at 7:30 p.m., in the Springfield High School Auditorium, 111 West Leamy Avenue, Springfield, PA, Hon. Bob Edgar (chairman of the subcommittee) presiding.

Present: Representatives Edgar, Evans, Kaptur, Rowland, and Bilirakis.

Also present: Representative G.V. (Sonny) Montgomery (chairman, Committee on Veterans' Affairs).

Mr. EDGAR. The Subcommittee on Hospitals and Health Care will come to order.

Ladies and gentlemen, I am Congressman Bob Edgar, and I welcome you to this Hospitals and Health Care Subcommittee hearing.

We would like to begin with the Pledge of Allegiance to the flag, and I am going to ask Comdr. Zygmunt Korejwo to come up and lead us in that pledge.

[Pledge of Allegiance.]

Mr. EDGAR. You may be seated.

Let me again welcome all of you to this hearing on veterans health care within the Philadelphia metropolitan area of our Subcommittee on Hospitals and Health Care.

Before we formally begin this hearing I would like to do three things.

First, I would like to introduce my colleagues with me from all over the United States, who serve on the subcommittee, which is the largest subcommittee of the Veterans' Affairs Committee, and has jurisdiction over about $9 billion of Federal budget, some 172 hospitals, some 226 outpatient clinics, 101 nursing homes, and about 135 readjustment counseling centers for Vietnam veterans.

You will see, during the course of this hearing, that not only do these Members of Congress, both Democratic and Republican, have a vast knowledge about veterans' issues. They are also eager to learn new issues.

To my right is Congressman Michael Bilirakis.

Mike is a Congressman from southern Florida, the gulf coast area. He is a freshman Member of Congress. Mike, we are pleased to have you in Delaware County tonight.

To my left is Dr. Roy Rowland.

Dr. Rowland is a medical doctor who was elected to Congress in the last election. He came to serve on the House Veterans' Affairs Committee, and he will ask all the tough questions and is able to pronounce all the fancy medical words. Dr. Rowland, we are pleased to have you with us.

A lot of excitement took place today when one of the women Members of Congress was selected as the Vice Presidential nominee. One of her colleagues is also here with us tonight, Congresswoman Marcy Kaptur from the State of Ohio. She serves as an active member of our subcommittee, and we are pleased to have her here.

Congressman Lane Evans, who is with us tonight, is a Vietnam-era veteran. He has been an activist with the veterans' organizations in his area of Illinois. He and I worked very diligently to make sure that the readjustment counseling centers for Vietnam veterans were extended. We took the House position, which was a 3-year extension, and the Senate position, which was a 1-year extension, and through his leadership we were able to get a 4-year extension of the readjustment counseling centers.

We did what was a legislative miracle: We added to, rather than divided in half.

Let me ask all of you to give a warm welcome to Congressman Evans. [Applause.]

For the past 10 years, I have had the privilege of serving in the House of Representatives with Congressman "Sonny" Montgomery from Mississippi.

Congressman Montgomery is chairman of the House Veterans' Affairs Committee. He is a friend of all veterans throughout the Nation, and while he comes from the State of Mississippi, I am sure all 50 States recognize that he is their Congressman when it comes to veterans' issues.

Congressman Sonny Montgomery. [Applause.]

The second task that I have before we begin is to introduce Robert L. Wilbraham, who is the National Commander of the AMVETS. He is here to make a presentation. I ask him to come to the stage and make that presentation. Let's give him a warm welcome. [Applause.]

Mr. WILBRAHAM. Congressman Edgar, would you please join me here at the mike, and Silver Helmet Winner "Sonny" Montgomery.

Mr. Bilirakis, Dr. Rowland, Ms. Kaptur, and Mr. Evans, it is a pleasure to be here with you. And, ladies and gentlemen, my fellow veterans, it is most certainly an honor for me to be here tonight for this specific purpose.

We, as AMVETS, find it is very important that we recognize the fact that there are people serving in the Armed Forces today and since May 8, 1975, when the Government closed our charter, as they did the others, and we feel these people are potentially laying their lives on the line for their country daily, as happened in Beirut, and other places around the world, so we sought to open our charter to these people, feeling that they should be represented by a bona fide veterans' charter organization.

We went to Mr. Edgar, and Mr. Edgar is the man that spearheaded this charter amendment through the House, which was H.R. 4212.

He worked through his colleagues, with his colleagues, with his letters, and if it wasn't for Mr. Edgar, who is your Representative, we wouldn't have our charter.

With that in mind, I would like to present Mr. Edgar with this plaque in remembrance of that and I would like to read it, if I may, sir.

It says: "Presented to the Honorable Robert W. Edgar, U.S. House of Representatives, in recognition and appreciation of his sustained efforts in insuring favorable action on H.R. 4212, which became Public Law 98-304, and effected amendment of AMVETS' Congressional Charter to open membership to those military personnel who served in the Armed Forces of the United States subsequent to May 7, 1975."

It is dated July 1984, and it is signed "Robert L. Wilbraham, National Commander."

Mr. Edgar, it is my honor.

Mr. EDGAR. Thank you.

Bob, let me thank you for that honor and also say to those who are AMVETS in the audience, we are very pleased that there was a large bipartisan support of many Members of the House and Senate to make sure that that charter change was a real possibility.

I said I had three things I wanted to do. One was introduce my colleagues. The second was to acknowledge the representation here of the AMVETS National Commander.

Now I have a great honor—a surprise—I hope. At this time I would like to have Gen. "Sonny" Montgomery go to the microphone, and I would like to invite a gentleman in the audience by the name of Fred C. Gardner to come forward and stand at the microphone.

Fred is a member of the Tri-State Chapter of the American Ex-Prisoners of War, and we have a presentation we would like to make.

Some of you know, who are active with the POW's, that Fred has been seeking to obtain something that belongs to him. His records indicate the fact that he was entitled to but did not receive the Purple Heart.

Well, Fred, I want to tell you that in the last few days we received notification, and I would like to read the following citation to you:

United States of America, to all who shall see these presents, greetings.

This is to certify that the President of the United States of America has awarded the Purple Heart, established by General George Washington at Newburgh, New York, August 7, 1782, to Corporal Fred C. Gardner, United States Army, for wounds received in action in Korea on the 29th of November, 1950.

Given under my hand in the City of Washington this 5th day of July, 1984.

Signed "Robert Joyce, Adjutant General, and John G. Marsh, Secretary of the Army."

Fred, congratulations.

Mr. GARDNER. I have been trying to get my records and everything straightened out for quite a while. I went through many,

many different ways to do it, but I recently went to Bob Edgar's office and presented my case to his secretary. I wouldn't say it, but 6 weeks till today, and I got it all ready for you.

I thank you everybody.

Mr. EDGAR. I said I only had three things to do. I do have a fourth, which I will do in a moment, and that is to acknowledge the presence with us of the National Commander of the Disabled American Veterans, Dennis Joyner.

With those preliminaries out of the way, I would like to read an opening statement.

Following that, my colleague, "Sonny" Montgomery, has an opening statement, and then we will get to our witnesses.

OPENING STATEMENT OF CHAIRMAN EDGAR

I want to welcome each of you to this hearing to review inpatient and outpatient health care delivered by the VA's mid-Atlantic region as represented in southeastern Pennsylvania by the Philadelphia and Coatesville VA medical centers.

Of particular interest to this subcommittee is the major construction project planned for Philadelphia VA Medical Center, hopefully beginning next year.

Before proceeding, I want all of you to know how important it is to have all of you here.

On my right and on my left are Members of Congress who have consistently helped me in going across the country looking at the quality and quantity of veterans' health care services.

Now, these gentlemen and women have focused attention on all of the concerns and issues which are important to those of you in the audience.

This series of oversight hearings is a continuation of hearings we held throughout the last year and a half in the six health care regions across the country. The VA health care delivery system faces, over the next 5 to 10 years, a major problem in providing medical services to eligible veterans.

Medical district 4 served 7,063 veterans in fiscal year 1983. The Pennsylvania veterans' population was 1,618,000 in 1980. It is projected to be 1,487,000 in the year 1990. Yet the number of veterans age 65 or older in the Philadelphia primary service area will increase by 156 percent by the year 1990 and increase by 194 percent by the year 2000.

Earlier today we toured the Philadelphia VA Medical Center, and these Members saw first-hand the need for the planned major construction project at this facility. The VA Space and Functional Deficiency Identification System identified Philadelphia as the third worst medical center in the VA's medical system, regarding space and function. Yet it is ranked as the 13th most complex of the 172 VA medical centers.

The patient treatment services, as a group, are the most seriously deficient areas in the Philadelphia Medical Center. Currently over 169,000 outpatients are treated in the area designated for less than 20,000 visits per year.

The number of outpatients at the hospital has been projected by the VA's medical district initiated planning program to be 214,000

by the year 1990. When the ambulatory care center workload is added, more than 318,000 visits can be expected.

I am pleased that the fiscal year 1985–89 VA 5-year medical facility construction needs assessment report includes Philadelphia on the list of the top 10 medical centers currently judged most in need of construction, replacement, or major modernization.

However, the design funding for this project must be included in the fiscal year 1985 appropriation if contractual conditions imposed by the Philadelphia City Council are to be met. Those conditions call for construction to start by December 1986.

We are fortunate to have with us this evening the national commanders of two of the largest veterans' service organizations, Comdr. Robert L. Wilbraham of AMVETS, and Comdr. Dennis Joyner of the Disabled American Veterans.

Incidentally, Dennis is from Pennsylvania, and I introduced him before, but let me just take a moment to say that over the last year Dennis has distinguished himself by traveling throughout the Nation to all of the States on behalf of the Disabled American Veterans, representing the interest of all veterans of all services, but, most importantly, demonstrating that we in Pennsylvania can select very competent people as national commanders. I am pleased to have him with us.

We will begin our testimony in a moment. I have a few other comments that are in my prepared statement, but let me just digress from that and introduce my colleague, "Sonny" Montgomery, for his opening statement at this time.

STATEMENT OF HON. G.V. (SONNY) MONTGOMERY, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MISSISSIPPI

Mr. MONTGOMERY. Thank you very much, Bob.

You have only given me a moment and I don't really want much more than that.

I think we should get right along with hearing from the witnesses and the different panels.

I am impressed with the number of veterans and their friends and families who are here tonight. You make our job much easier in Washington if you participate in your posts and in your chapters.

And, if your post and chapter are alive and well, then the word gets back to Washington and we can protect these veterans' programs. If you don't turn out for functions, if you don't get involved in veterans' activities, then our job is much harder.

You have a fine chairman, as you know, in Bob Edgar, who is head of the Subcommittee on Hospitals and Health Care, which is probably the most important subcommittee on Veterans' Affairs.

Bob has done an outstanding job. He has moved this subcommittee to different parts of the country looking at veterans' hospitals, looking at nursing homes, looking at outpatient treatment care, and he brought the word back to Washington as to what we needed to do and how to go about it.

Now, congratulations, Bob. As I mentioned earlier tonight to my colleagues, this is the largest subcommittee meeting of members showing up that I have ever seen. You have them from across the

country. Five members are here in Philadelphia to participate in this hearing and I think that speaks well of you, Mr. Chairman, and also the people here, that we do care, and we do leave Washington, and we leave our homes—we are in recess now—to come out and define the problems. We are going to do the best we can for the veterans. Thank you for giving me this opportunity.

Mr. EDGAR. Do any of my colleagues have any opening comments that they would like to make at this time?

Let's move now to our first panel.

I would like to recognize first Mr. Robert Wilbraham, national commander of AMVETS, for his opening statement.

STATEMENT OF ROBERT L. WILBRAHAM, NATIONAL COMMANDER, AMVETS

Mr. WILBRAHAM. Thank you, Mr. Chairman.

May I preface my brief remarks by saying that we, as AMVETS, the American Veterans of World War II and Korea and Vietnam, are totally pleased with the makeup of not only the Hospital and Health Care Subcommittee which you chair, but the Veterans' Affairs Committee, in general, which is chaired by the Honorable G.V. (Sonny) Montgomery.

We are very pleased to see that the citizens of the eastern Pennsylvania area are concerned about their hospital delivery, so that they are here tonight to join you to give witness to the affairs and to the problems which they see in this area.

In my report to the Joint Senate and House Veterans' Affairs Committee on AMVETS legislation goals on March 28 of this year, and in earlier testimony of our national legislative director on the 1985 VA budget, we unequivocally endorsed not only the vigilant, tireless efforts of Mr. Edgar to insure the continued effective operation of the VA medical system as an independent service to veterans, but his specific worthy goal in securing earmarked fiscal 1985 budgeting to construct a sorely needed nursing care addition to the Philadelphia Medical Center. We reiterate that endorsement.

Despite the fortuitous effort by the city of a piece of expensive real estate for the extension, with a cutoff in December, favorable action has thus far eluded us.

The VA's removal of this project from its 1985 budget request at the behest of the Office of Management and Budget, and the refusal of the administration to restore it, is the principal obstacle to achieving this vital medical facility in eastern Pennsylvania, particularly in view of the absence of necessary facilities in southern New Jersey.

Now we, Mr. Chairman, as AMVETS, stand behind you and your committee in its efforts on this most important structure, and we stand at your disposal.

Mr. EDGAR. Thank you very much.

Mr. WILBRAHAM. Thank you.

Mr. EDGAR. Before moving to questions, I would like to now call on Dennis A. Joyner, national commander of Disabled American Veterans, for his statement.

STATEMENT OF DENNIS A. JOYNER, NATIONAL COMMANDER, DISABLED AMERICAN VETERANS

Mr. JOYNER. Thank you, Mr. Chairman.

Mr. Chairman, members of the subcommittee, first, let me say to Congressman Edgar that it is indeed an honor to appear here in your home district and address the subcommittee that you so capably chair for us.

I have had the opportunity to know you the past few years and work with you, Bob, and all I can say to all of my fellow veterans here in Pennsylvania is that we do have a true friend in Pennsylvania when it comes to veterans' affairs and veterans' issues in Bob Edgar, and I want to thank you for everything you have done for us.

Mr. EDGAR. Thank you.

Mr. JOYNER. On behalf of the 881,000 members of the Disabled American Veterans—especially those of our membership who reside in the great State of Pennsylvania—may I say that I appreciate the opportunity to address you this evening on matters relating to the quality and extent of Veterans' Administration health care benefits and services for veterans of southeastern Pennsylvania.

Initially, Mr. Chairman, may I commend you and the members of the subcommittee for the excellent job that you have done with respect to your oversight and legislative responsibilities on VA health care during the first and second sessions of the 98th Congress.

During the past 2 years, you have conducted numerous hearings, both in Washington, DC, and throughout the country, on a variety of issues which have resulted in meaningful improvements in veterans' health care.

The Veterans' Health Care Amendments Act of 1983, enacted in the fall of last year, and the current health care legislation presently moving through the Congress are concrete examples of this subcommittee's intent to provide quality health care to our Nation's veteran population.

As you are aware, Mr. Chairman, given the fact that our organization is composed of veterans who have incurred a service-related disability during wartime military service in our Nation's Armed Forces, the DAV has a keen interest in the quality and extent of health care benefits and services offered by the Veterans' Administration.

As indicated above, this subcommittee and the full Veterans' Affairs Committee has time and again reaffirmed our Nation's health care commitment to its veteran population by initiating and guiding through the Congress legislation that has addressed the health care needs of all veterans, as well as particular categories of veterans to include veterans of World War I, those suffering severely disabling service-connected conditions, former prisoners of war, atomic veterans, Vietnam-era veterans suffering from post-traumatic stress disorders and conditions which might possibly be related to exposure of agent orange and other types of herbicides and defoliants.

Recently the attention of the Congress, the Veterans' Administration itself, and those of us active in the veterans' community has been directed to the present and future health care requirements of our aging veteran population.

We all are aware that the demand for health care services by our older veterans is going to grow dramatically in the future and I should stress that this challenge that older veterans present to the VA health care system does not lie in the somewhat distant future. If not here with us now, it is just around the corner.

By 1990, just 5½ years from now, the number of veterans in this country over age 65 will have more than doubled from the present 3 million to over 7 million. Put in a more dramatic fashion, over one-half of the male population in this country over age 65 will be veterans by 1990.

Yes, Mr. Chairman, serious problems and challenges do face our system of VA health care. Unfortunately, we do not have to look to the future to see what an increased and growing demand for health care services can do to the system. This point is more than brought home by a recent VA study which indicated that, nationwide, the VA is presently turning away eligible veteran applicants for both inpatient and outpatient care at a rate of more than 250,000 veterans per year.

The present experience of the Philadelphia VA Medical Center is typical of situations that are existing throughout our country.

Mr. Chairman, in Philadelphia and in the surrounding counties here, there are approximately 500,000 veterans. This figure does not include veterans from southern New Jersey and Delaware who fall within the Philadelphia VA Medical Center catchment responsibility.

The VA has identified Philadelphia, as you mentioned earlier, as one of three hospitals in the country which have the most problems with respect to overcrowding and delivery of care.

Currently, at the Philadelphia hospital site, over 169,000 outpatients are treated per year in a facility that was designed for less than 20,000 such visits annually.

As you also mentioned earlier, by the year 1990 the VA has estimated that 215,000 outpatient visits will be scheduled each year at this hospital. This sobering data, combined with the caseload of visits to the ambulatory care center, will create a total of approximately 318,000 outpatient visits to the Philadelphia Medical Center.

Mr. Chairman, I am forced to ask if existing facilities can withstand such a caseload.

The present hospital is now 30 years old and is the only VA medical center serving the health care needs of veterans in the metropolitan area of Philadelphia which ranks fourth in the Nation in terms of population.

How many other major metropolitan areas in this country have more than one VA hospital?

Also, Mr. Chairman, it is important to note that the Philadelphia VA Medical Center is the only VA facility in the Commonwealth of Pennsylvania that has no nursing care beds whatsoever.

Mr. Chairman, as national commander of the Disabled American Veterans, as a veteran from Pennsylvania, I must state my concern

for the increasing number of veterans in this area who are now, or who soon will be in jeopardy of being unable to access into the system for the care that they need and to which they are eligible and have earned.

In my opinion, southeastern Pennsylvania is deserving of increased health care resources, including a greater outpatient care capability and increased numbers of both surgical and extended care nursing home beds.

I urge the support of the subcommittee in securing these much needed resources.

Mr. Chairman, this completes my statement. Again I wish to express my appreciation for giving me the opportunity to address the subcommittee here this evening.

Thank you.

[The prepared statement of Commander Joyner appears on p. 53.]

Mr. EDGAR. Thank you very much.

Let me yield to my colleagues who may have either a comment or question of both of our distinguished national commanders who are here.

Let me start with my colleague, Sonny Montgomery.

Mr. MONTGOMERY. Mr. Chairman, I have no questions.

We should be honored that we do have two national commanders who would come here tonight and testify on behalf of the veterans.

Thank you very much.

Mr. EDGAR. Lane Evans.

Mr. EVANS. No questions.

Mr. EDGAR. Marcy.

Ms. KAPTUR. No questions.

Mr. EDGAR. Roy.

Dr. ROWLAND. No questions.

Mr. EDGAR. Mr. Bilirakis.

Mr. BILIRAKIS. No questions.

Mr. EDGAR. Let me just make one comment and then pose a question to both of you.

You both spoke about the need for the Philadelphia facility. It might be helpful to give just a quick update on that construction project.

We are working on the hope of renovating the existing facility, developing a 120-bed nursing home facility and establishing a new outpatient clinic. The total cost is estimated between $140 and $150 million.

The City Council of Philadelphia has given the VA a commitment to use the land adjacent to the Philadelphia Veterans' Hospital across the street in the old Philadelphia General Hospital area.

It must be under construction by December 1986. In order to do that, we need design funds of approximately $18 million in the fiscal 1985 budget.

In our budget from our committee, from the budget of the committee on the Senate side of authorization, funds were included, but for some reason, even though the VA Director, Harry Walters, had included the funds in his submission to the Office of Management and Budget, when it came back from that particular agency the Baltimore hospital and the Philadelphia hospital were deleted.

We have worked very diligently on a nonpartisan/bipartisan basis to make sure that in both the House and Senate budget considerations, and in the appropriation considerations, that $18 million will, in fact, be provided.

We have assurances from the VA that they will, in fact, commit that $18 million to the Philadelphia project, pending the authorization by Congress. It is my hope that the Office of Management and Budget will also see fit to make that expenditure. We are very optimistic that that is going to be a reality.

You point out the need; we all understand the pressure. The whole Philadelphia metroplitan area, including south Jersey, needs a quality acute care facility and we need a 120-bed nursing home facility at least.

The director of the hospital indicated that we may need as many as 240 nursing home beds in that site and provisions may be made later to add some additional units. The need for nursing home beds in this area is very dramatic, and the need for a quality outpatient clinic to provide for ambulatory care, so that we don't have as much in-house acute care needs, is important.

So, with your help and with the help of the veterans' organizations here, and with the bipartisan support of the House and Senate, I think that it can become a reality.

We need to keep the pressure on and we will do that.

Now, just one final question.

Veterans' Health Care System has about $200 million of research that is committed to looking at a variety of health care needs. Commander Joyner, I wonder if you might comment on some of your observations of that research capability?

We held a hearing recently where we looked at research into different forms of prosthetics, wheelchairs that work in some new ways, hands and feet. We literally had a hearing where the lame walked and the blind saw.

We have looked at which modern technology could be helpful and we saw what the VA was doing in those areas and I wonder if you might have a comment and then we will hear from Bob.

Mr. JOYNER. When it comes to prosthetic research there is no doubt that we are very advanced, and we are very fortunate to have the VA system. I think they are far and above anything that we ever could hope for.

I use prosthetic devices, wheelchairs, et cetera. But in research, in general, I have to comment that I had the opportunity, personally, to go to the Bronx VA Hospital a year ago this past January and take part as a volunteer in a research project for cardiovascular problems that are occurring at a much earlier age in multiple amputees.

I think research is the very key; I think it is very important for the future of the VA and especially of veterans who are going to be in need of advanced care in the future.

I know what that research study has done for me and has helped me in guiding myself, as to how I physically want to try to care for myself in the future. I think research is very key.

Mr. EDGAR. Thank you.

Bob, do you have any comments on research efforts from AMVETS point of view?

Mr. WILBRAHAM. Not really, Mr. Chairman, except that we know that the research is very important. It must continue, and the dollars must be there to accomplish that goal. Other than that, Dennis has covered it very well.

Mr. EDGAR. Recently we have moved to establish 9 geriatric research centers to study the issue of aging veterans and we are hoping to expand that to 15 geriatric research centers. I hope all of the people who are interested in the aging veteran issue will follow the work both affirmatively and specifically in those geriatric research centers because I think they will be at the cutting edge of health care for the aging veterans.

Let me thank you very much for taking the time to travel from Ohio and Pennsylvania to come and participate in this hearing today. We really appreciate it.

Thank you.

Mr. JOYNER. Congressman, I thank you, and I am going to be leaving as I have a flight in just a little bit. Again, thank you for the opportunity and for having the subcommittee hearing.

Mr. Montgomery, members of the committee, thank you.

Mr. EDGAR. Best wishes to you both.

Mr. WILBRAHAM. Thank you, Mr. Chairman. We will be leaving if you will excuse us.

Mr. EDGAR. Our next panel will be the Honorable Clarence Bell, who is on the Military and Veterans Affairs Committee of the State of Pennsylvania, of the State senate.

And, joining him will be the Honorable John Cordisco, who is the chairman of the Committee on Veterans Affairs, House of Representatives, who has the subcommittee that deals with health care.

STATEMENTS OF HON. CLARENCE BELL, SENATE MILITARY AFFAIRS AND VETERANS' AFFAIRS COMMITTEE, PENNSYLVANIA STATE SENATE, AND HON. JOHN F. CORDISCO, COMMITTEE OF VETERANS' AFFAIRS, PENNSYLVANIA HOUSE OF REPRESENTATIVES

Mr. EDGAR. Senator Bell, it is good to have you here. We appreciate your presence before our committee. John, we will hear from you second. First, we will hear from the Honorable Clarence Bell.

Just before you speak, Clarence, let me say that Clarence is the State senator that represents about half of the Seventh Congressional District, and we have served together for the last 10 years. It is a pleasure to have you here with us and you may proceed.

STATEMENT OF HON. CLARENCE BELL

Mr. BELL. Thank you very much, Bob.

Congressman Montgomery and other Congresspersons, welcome to Pennsylvania.

I am going to follow Bob's suggestion and read, I think, part of a prepared statement.

I am Clarence Bell, State senator for the Ninth Pennsylvania District, which contains approximately a quarter of a million people.

I am speaking as an individual Senator and as the vice chairman of the Senate Military and Veterans Affairs Committee of Pennsylvania. I am also speaking as a veteran.

I am also speaking as an Army retiree, having worn the uniform for 42 years on active service and in the Army Reserve and Army National Guard. I have also held the office of national chairman, Army Affairs Committee of the Reserve Officers Association and the Pennsylvania president of the Reserve Officers' Association.

I am here today to speak on behalf of the Commonwealth for matching funds for the proposed nursing home for eastern Pennsylvania for armed service personnel.

Already we have a State nursing home in northwestern Pennsylvania at Erie. Although it is called the Soldiers' and Sailors' Home, that is misleading. It is for all former service people. We also have one in central Pennsylvania.

Now we are on the threshold—and my colleague is here with me—to have one for eastern Pennsylvania, to service an area that has a population of approximately 5 million people. We will need the Federal matching funds.

I checked as of today to verify, and I think that the location will be selected in September of this year. My colleague from the house will agree with me, there will be no problem getting the Pennsylvania capital budget money through. The only question is where it is going to be built, and we haven't gotten the full details. We need the Federal matching funds.

Next, I am now speaking as a person who is of an age group with the chairman of the committee, "Sonny" Montgomery, and it is our people of our age group who are a very large segment of the United States, because of the veterans primarily of World War II and some of the Korean emergency. These folks are aging and they need help.

When the United States needed my generation, we were there and we served. The same way with the Korean veterans, and the same way with the Vietnam veterans. But as our folks get older, we now need help.

That is my statement and I am yielding the rest of my time to the other members of the panel and I will answer any questions.

[The prepared statement of Senator Bell appears on p. 53.]

Mr. EDGAR. Thank you very much, Clarence, and we will have some questions for you.

Before John Cordisco begins his statement, let me ask unanimous consent that a statement provided by Richard M. Scott, major general, the adjutant general of the State of Pennsylvania, be included in the record at this point, endorsing the comments of Senator Bell relating to the State veterans' home.[1]

Just for clarification for the audience, the Federal Government commits 65 percent of the funding for construction and renovation of a State veterans' home. The State comes up with 35 percent of that funding and then the day-to-day care is provided 70 percent State funding, 30 percent, approximately, Federal commitment for the per diem cost of the State homes.

---

[1] See p. 55.

It is the intention of Governor Thornburgh, working with Clarence Bell and a number of other colleagues, to select a site in eastern Pennsylvania for that State home.

As we have traveled the country, we have seen the need and the value of sharing Federal/State resources in that creative way.

The reason I make this statement is only because there is some confusion from some. When I talk about the 120-bed nursing home facility next to the VA hospital, that is fully funded by the VA at 100 percent.

The State home that Clarence is endorsing today is a State/Federal partnership which is very exciting and very good, and is working in Erie and Hollidaysburg, and which we hope to have working in this region.

Mr. BELL. And, Bob, this definitely is the third home. There is not one, there are two and, of course, we thank you for your efforts in supporting our endeavors heretofore out in the field.

Mr. EDGAR. Thank you.

Now I would like to call on our colleague from Harrisburg, John Cordisco, for his statement.

STATEMENT OF HON. JOHN CORDISCO

Mr. CORDISCO. Thank you, Mr. Chairman.

Mr. Chairman, members of the Subcommittee on Hospitals and Health Care, Committee on Veterans' Affairs, and Members of the U.S. House of Representatives and to you, Chairman Montgomery, special greetings from the General Assembly of Pennsylvania for your highly regarded efforts on behalf of all our Nation's veterans and their families.

We are honored to have you visit our Commonwealth and hope that the information you receive at this hearing will enable you to ensure that the health care needs of Pennsylvania's veterans receive full consideration by the Congress of the United States.

Prior to my reviewing the status of the proposal to establish a third veterans' home in southeastern Pennsylvania, I would like to take this opportunity to apprise the committee of recent actions taken by the Pennsylvania House of Representatives to provide for the health care needs of our veterans.

When I appeared before this committee in April 1983 in Pittsburgh, the subcommittee I chair was designated as the Subcommittee on Veterans Homes.

I, along with a number of my colleagues, have felt that the focus of the subcommittee was restrictive when taken into context with the overall health care issue.

As a result of this concern, the house unanimously adopted House Resolution 247, which changed the name of the subcommittee to the Subcommittee on Veterans Health Care and assigned additional responsibilities to the subcommittee.

This subcommittee is now responsible for reviewing all legislative proposals pertaining to the subject of health care needs of the Commonwealth's veterans, to include studying and developing plans for the establishment of additional veterans' homes, and coordinating its efforts with the appropriate committees of the Congress of the United States and all Federal and State agencies di-

37-854 O - 84 - 3

rectly involved in providing health care services for the veterans of the Commonwealth as well as assisting the veterans' community in achieving these objectives.

Questions may arise over the motives behind such an expansion of the responsibilities of this subcommittee. In response, I would state that a number of major issues pertaining to the overall health care of Pennsylvania's veterans prompted it.

One, enactment of legislation which I sponsored to create the Pennsylvania Vietnam Herbicides Information Commission.

Subsequently I was appointed as a member of this commission by the speaker of the house. Through participation as a member of this committee, I realized that the commission and its activities needed both legislative support and oversight.

In fact, a major difficulty arose when the commission attempted to contact Vietnam veterans to apprise them of the commission and how it could assist them.

The commission was initially provided with the names of 196,000 Vietnam veterans who were compensated through our Vietnam Bonus Program.

Recognizing that the conflict ended in 1972, the commission attempted a sample mailing to 1,000 veterans on the bonus list and received a 10-percent response. Over 44 percent of the questionnaires were returned by the U.S. Postal Service for a variety of reasons, mostly bad addresses.

In order to overcome this communication problem, the commission staff attempted to verify addresses through a Social Security number match with the State income tax tapes maintained by the revenue department. You may recognize what the response was: Sorry, Privacy Act information.

To overcome this problem, I was able to amend legislation extending the life of the commission and I must add with the full support of the Governor, which will permit the department of revenue to assist the commission in communicating information to these veterans of the epidemiological or other studies relating to herbicide exposure.

I have brought some material on the commission that you may find of interest in your own discussions of the herbicide issue.

The other issue was the establishment of the commission to provide recommendations to the Governor of the location of a third veterans' home. We wanted to ensure that any proposal to site this facility would receive full legislative review by the appropriate house committee. This will now take place.

And, finally, Mr. Chairman, I wanted to ensure that your committee and the veterans' community was kept apprised of the planning for this facility as well as updating you on the status of our other two homes.

I firmly believe that if we are to ever arrive at a solution to the escalating health care costs for our veterans, it will only be accomplished through cooperation between the various State legislatures and the Congress of the United States.

I am fully aware of your concerns in this area and, in particular, the costs associated with the aging veteran.

The States have the ability and the willingness to assist the Federal Government in this regard through the State Homes Program,

one Federal program that should receive an infusion of additional funds.

We are aware of the efforts of Chairman Montgomery to secure additional funding for the forthcoming fiscal year, but this increase will just assist in reducing a $90 million backlog. The funds to complete our Hollidaysburg Veterans' Home project are not forecast to be available until 1986, 10 years after the State established this facility and requested the Federal moneys.

I fully realize that, even if the Commonwealth were to submit application today for the funding of the third home, it will be at last 5 or 6 years before this facility would be available.

Hopefully action will be taken by your committee to consider expansion of the State Homes Program, especially increasing the $18 million annual construction appropriation to a realistic level because, if you do not, many States may become unwilling to consider entry into the program or consider expansion of their present facilities to assist in alleviating this national problem.

The current budget for our State Homes Program is $16.2 million, of which $10.8 million is State, $2.3 million Federal, and $3.1 million resident fees, including aid and attendance benefits.

This represents a 26-percent increase in Federal funding. However, it is still only 14 percent of the overall operating budget.

I am fully aware, Mr. Chairman, of your and Chairman Montgomery's efforts in effecting the enactment of Public Law 98-160 which increased the Federal per diem rates to their current levels. I shudder to reflect where we would be today without the most recent increase.

I would caution you, however, that costs are escalating and these rates must be adjusted more often.

Further, consideration should be given to establishing a per diem rate for a third level of care, called intensive personal care. This level would be between the domiciliary and nursing care rates. We have found that this level of care has freed up needed nursing care beds.

Hopefully you will consider this suggestion as worthy of consideration.

Mr. Chairman, I would like to focus my testimony on the status of the planning for a southeastern Pennsylvania veterans' home, the principal reason for my appearance here this evening.

When Governor Thornburgh appointed the Site Selection Committee, the committee was provided with a listing of 26 possible sites for this home. Also at this time the planning was for a 300-bed facility.

After the first meeting of the Commission and a review of the statistical data on the potential requirements to support the veterans population in southeast Pennsylvania, it was determined that a 600-bed facility was required.

The 26 possible sites have been reduced to 5. Fair Acres, which is in Delaware County, would require all new construction; Eastern State School and Hospital, which is in Bucks County, would be conversion of an existing facility with possible additional construction; Norristown State Hospital, which is in Montgomery County, would be all new construction; and the Pennhurst Center, in Chester County, which would be conversion of an existing facility with possi-

ble additional new construction; land in the vicinity of the Philadelphia State Hospital in northeast Philly would require all new construction.

These sites are presently being evaluated by the Commission's consultant with a report and recommendations due on or about July 15. Subsequently, the Governor will submit his recommendations to the general assembly for legislative consideration.

In my personal opinion, the most suitable location for this home is northeast Philadelphia. It is readily accessible via the Pennsylvania Turnpike and Interstate 95; is served by public transportation, and is the closest of the proposed sites to a VA hospital, a major point of consideration.

To me the construction costs of a new versus conversion of an existing facility are not a major economic consideration.

New construction will provide for State of the art energy conservation and patient care methods, thereby reducing operating costs.

In addition, we would not have the payroll costs associated with conversion of a facility such as Pennhurst Center. We had a similar occurrence with the Hollidaysburg home.

Also, you never know what you are going to run into when you convert, and the VA is not always amenable to change orders.

No matter which way we finally decide to go, the construction costs for this facility will be in the neighborhood of $20 million with an operating budget of $25 million a year.

Mr. Chairman, you can be assured that wherever we finally site this home, it will be a model facility and the veterans and their families will know that Pennsylvania does "take care of its own."

Mr. Chairman, that completes my statement. I will be pleased to respond to any questions, and I would like to add that your district should be very proud to have someone in Congress representing them.

[The statement of Mr. Cordisco appears on p. 57.]

Mr. EDGAR. Thank you very much, and I appreciate both of your statements.

I would like to yield now to my colleagues. First, I will yield to my colleague, "Sonny" Montgomery.

Mr. MONTGOMERY. Thank you very much, Mr. Chairman.

Senator Bell, I appreciate your statement. Our careers have kind of followed each other there. I came out of the Senate and I have known you through the National Guard ranks and your interest in the veterans.

Mr. Cordisco, you have detailed very well about State nursing homes, and I am afraid you are right. Even if we got an application in tomorrow, it would probably be 5 or 6 years, unless we can increase the funding for State nursing homes or for nursing homes of different types.

I think this is really the best route to go.

We don't have a State nursing home in Mississippi, even though I am chairman of the committee. We have been waiting over 6 years now to come up the ladder and be considered.

I wish we would have more money. We are not putting enough money into that program, and the States seemed to do a wonderful job of the nursing homes that I know about. It is all for the better.

Thank you.

Mr. EDGAR. Lane Evans from Illinois.

Mr. EVANS. I want to know a little more about your Agent Orange Commission. That is a State commission?

Mr. CORDISCO. Yes, it is.

Mr. EVANS. How long is it extended for?

Mr. CORDISCO. Two years.

Mr. EVANS. My State, Illinois, has just recently canceled its Agent Orange Commission because we don't have the money to fund that and several other State commissions.

Is your commission primarily trying to first gather the names of people that might have been potential victims of agent orange and then disseminate information? Is that the idea, or is it to formally study the problems of agent orange-exposed veterans in the State?

Mr. CORDISCO. Well, I believe our principal purpose was, of course, to gather the names of the individuals in the State of Pennsylvania, be able to disseminate information to them. But we are going to be conducting other programs and studies throughout the course of its term.

I believe that we encountered—well, we have encountered some difficulty initially with the program. And, of course, I expressed some of the problems we faced.

However, I believe with the extension of the commission, in the next 2 years I think that we are going to reap some benefits.

We are hoping that if Federal compensation becomes available to the Vietnam veteran in Pennsylvania, we will have that information readily available so that our veterans can benefit as soon as possible.

Mr. EVANS. In a discussion that we had prior to the hearing, you said that you have five State-sponsored vet centers that deal with post-traumatic-stress disorders.

Do you use those as a means of reaching out to these veterans and finding out about agent orange and other problems that they may have?

Mr. CORDISCO. We have the outreach centers in the State of Pennsylvania which we feel are a great deal of benefit to the Vietnam veterans. So that most of the people that man those particular offices are fully aware of the problems and they are Vietnam veterans themselves.

So we feel that they work in conjunction, of course, with the Federal programs that are already in existence.

These people being that knowledgeable, they are readily able to direct the Vietnam veteran to where he must go to gain benefit from these programs.

Mr. BELL. Mr. Evans, they also ride circuit. They have the center, the satellite position, where they move to other counties on a set schedule. They do an outstanding job.

Mr. EVANS. Mobile offices?

Mr. BELL. They move around to the other counties.

Mr. CORDISCO. We have also begun a soft tissue sarcoma study. We are going to begin that in the fall. As a matter of fact, that is in reference to that Herbicides Commission. We are hoping that that will be a great benefit.

Mr. EVANS. Your leadership on several of these issues is commendable, keep in touch with us about what you have been up to.

Mr. EDGAR. Just for the record, before I yield to my colleague, Marcy Kaptur, this committee, under the leadership of "Sonny" Montgomery, did two significant things as it relates to agent orange, one that you made reference to.

We passed, in the House of Representatives, H.R. 1961, which identified three systemic diseases: chlorachne, soft tissue sarcomas, and a liver disorder, as diseases that we believe should be presumably caused by the defoliant, agent orange. That was landmark legislation that we passed and it is now pending in a House/Senate conference effort, and our chairman is now involved in trying to work out the details of that.

The second thing that we did, many of our Vietnam veterans have been frustrated by the number of study after study after study with no results.

So we were able to take away from the VA the jurisdiction of investigating the agent orange issue, and give that to the Center for Disease Control in Atlanta.

We think that the information that we receive will be much more independent and fair and, I think, can be trusted by the veteran community in a much more positive and upbeat way.

Those two landmark things, I think, are important to note at this point.

I yield to my colleague, Marcy Kaptur.

Ms. KAPTUR. Thank you, Mr. Chairman.

I wanted to ask either Senator Bell or Representative Cordisco, I didn't find it in your testimony, how many State homes do you have here in Pennsylvania?

Mr. BELL. How many what?

Ms. KAPTUR. State homes.

Mr. BELL. We have two State nursing homes.

Ms. KAPTUR. You have two?

Mr. BELL. One in Erie and the other in Hollidaysburg.

Ms. KAPTUR. Approximately how many persons are served there? Would you just take a guess?

Mr. BELL. I will answer "not enough."

Mr. CORDISCO. I agree with Senator Bell. The exact total between the two is about 575.

Ms. KAPTUR. I was curious as to the study that you did. You mentioned you determined a need for the future.

As far as nursing homes go, or State homes go, did you survey a certain population to obtain that number?

Mr. BELL. I will yield to the House. Our Senate committee didn't.

Mr. CORDISCO. The information that we had available showed that the veterans who will be greater than 65 years old in the Philadelphia area alone was in 1983, 84,980. By 1990, we project that to increase to 157,170.

We also had a projection of a shortage of 1,600 community nursing home beds in the Philadelphia area by the 1990's.

Ms. KAPTUR. Could you manage to provide me with those figures——

Mr. CORDISCO. Certainly.

Ms. KAPTUR [continuing]. So that it could be incorporated in the testimony somewhere? [1]

Mr. CORDISCO. Certainly.

Mr. BELL. Could I add to that?

I suggest that even if we had twice as many as we planned, we will have a waiting list between the nursing home, wherever it is going to be—and I prefer Delaware County, because I am from Delaware County. He is from Bucks County and he wants it up his way. There are all young people up there and we have a better facility, and we are not connected with any disciplinary barracks or mental hospitals.

Now, very seriously, I don't care how many beds we put up for the older veteran, it will not be enough. There will be a long waiting list, and I just hope that the younger members of the legislature carry this burden forward that has been borne by the Vietnam veteran, the VA, the DAV, AMVETS, who have come year after year demanding help for Pennsylvania's veterans from the legislature.

Fortunately we got this one moving, but we are doing too little too late.

Ms. KAPTUR. We have the same thing in Ohio.

A VOICE. Hear, hear.

Ms. KAPTUR. I think we have some agreement in the back.

Mr. BELL. I think I can almost get 100 percent agreement with that, and I also suggest to this panel, Bob Edgar, my colleague from the House, has done a terrific job in this field. We are moving at last.

Ms. KAPTUR. I don't want to take up too much time here, but on the per diem increase, as provided from the Federal Government—per diem increase— how much did it help?

Mr. CORDISCO. The answer, Senator Bell said previously, not enough.

Mr. EDGAR. One of the things—if I could ask my colleague to yield—that we included in that legislation, which is also important, we not only increased the per diem up to approximately 30 percent Federal share, which was its traditional role, but we included in there an annual review of the per diem cost.

I think that is an important thing because somehow we have to keep pace with the inflation at these State homes.

The Federal share, in 1972, had been 30 percent and just by not changing it significantly enough, it got down to about 20 percent Federal commitment, so we nudged it back up.

However, if we don't touch it in the future, without such adjustments we will see it go back down. We have to keep our eye on it.

Mr. CORDISCO. We got $600,000 more this year than we received in the past.

Ms. KAPTUR. To Pennsylvania?

Mr. CORDISCO. Yes.

Ms. KAPTUR. Finally, I didn't quite understand, on page 7, Representative, your testimony.

---

[1] See p. 59.

You talked here about another category of per diem rate which you call intensive personal care. Could you explain that a little bit more, please?

Mr. CORDISCO. Sure.

I think that what I will do is refer this to Bob Hollis, who is working with me on this. He is a little more knowledgeable than me in that particular area.

Mr. EDGAR. Bob, would you identify yourself for the record?

Mr. HOLLIS. I am Robert J. Hollis. I am assistant director of research for the Democratic caucus of the House of Representatives.

What is meant by intensive personal care is providing a little bit more care to the domiciliary person by some additional staffing. These veterans do not need intensive nursing care. What they need is someone to help them dress; someone to give them medication; someone to get them around. So, therefore, we have established at our two homes at Hollidaysburg and Erie this level of care without any Veterans' Administration funding. We are only receiving domiciliary funding support.

However, these people, techically, should be in a nursing care bed, but they really do not require nursing care, but they need someone to help them in a way that is beyond them doing everything themselves but yet they do not need the extensive personal care required by nursing care. A little bit more staffing, a little bit more money.

We are looking at something maybe just a little bit in between the domiciliary rate and the nursing care rate, and we think you can free up a lot of beds. Private nursing homes are doing this now.

Mr. EDGAR. Dr. Rowland.

Dr. ROWLAND. Thank you, Mr. Chairman.

You stated in your testimony that you had 1,000 samples mailed out and only had a 44-percent return from the Postal Service because of various reasons, and then you ran into the privacy thing and you tried to do something about it; got the commission extended, and you are now getting some help from the Department of Revenue in communicating information. How successful is that program now?

Mr. BELL. I will field that, Dr. Rowland.

We have to remember that Pennsylvania passed one of the first Vietnam bonus laws. In fact, I sponsored the first Vietnam bonus law in the United States. So we led the Nation.

Now, those figures are 20 years old and, of course, people are moving around, so we are running into considerable difficulty getting accurate Vietnam records. This is where the veterans' groups, Vietnam Veterans of America and the large national veterans organizations, will have to help.

Dr. ROWLAND. It is somewhat disgruntling to know that it is difficult to get in touch——

Mr. BELL. Very difficult.

Dr. ROWLAND [continuing]. With these veterans. So I was just wondering how successful you are now?

Mr. BELL. See, the Vietnam veteran is now middle age. They are in their forties.

Mr. CORDISCO. Congressman, that legislation was just recently signed into law the 29th of June. So we have not had an opportunity to see what kind of response we will get as of yet.

Dr. ROWLAND. So you don't have enough experience with it yet?

Mr. CORDISCO. No. The House and the Senate just passed that piece of legislation before we broke for the summer session. The Governor signed it on the 29th of June.

Mr. BELL. Dr. Rowland, may I make a correction?

I think that is incorrect. I think they are quite in their forties.

Dr. ROWLAND. I heard a murmur of disapproval in the audience.

Mr. EDGAR. Some of us were in our twenties.

Mr. BELL. If they were in Vietnam, they were in their twenties.

Mr. EDGAR. Let me just say to both of you, I have a number of questions I would like to pursue with you, but we have a number of panelists that are waiting.

We appreciate your focus on the veterans' home issues. Again, it is an issue where we can put our partisan hats aside, our conservative hats aside, our liberal hats aside, and our different veteran organization hats aside, and say we have a common cause. It is a matter of moving on it.

We are pleased the Reagan administration budget increased the amount of money expended on an annual basis for the veterans' home program.

As Mr. Bell said, it is not enough, that we have to really make a major Federal commitment to make sure that we don't have the backlog, and we give you the resources needed to have that Federal/State partnership.

It is the only way we are going to be able to afford the kind of health care needs.

I might add one thing. Mr. Bell indicated, I think rightly, that there is an enormous need out there, and the nursing home beds will not be available by the year 1990 for those veterans.

We, at the Federal level, and I know you at the State level, are looking at alternative health care opportunities.

For example, home health care, relationships with community nursing services, adult day care centers, respite care facilities, and other kinds of shared agreements with community hospitals to provide help to the aging veteran. And I hope as our dialog expands, with your research on the State level and our work at the Federal level, we can address this problem through the year 1990 with not only some changes in dollar amounts and facilities, but also imaginative health care options for caring for this emerging group of aging veterans.

Mr. BELL. Bob, on behalf of the Senate of Pennsylvania, and also on behalf of my colleague from the House of Representatives, we thank you for coming to Pennsylvania.

The reason you have a big audience here is because this audience represents 5 million people and Pennsylvania, throughout all the wars, even the War Between the States, we put more than our share of people in uniforms.

Thank you and God bless you.

Mr. EDGAR. Thank you very much.

As our next panel comes forward led by Francis Dyer, second vice commander, Delaware County Veterans' Council, and Ziggy,

and Richard Smith, the Vietnam Veterans of America representative on the council. As they take their places at the witness table, let me introduce three individuals that I spent some time with this morning at the American Legion convention.

We have state officials from the Veterans of Foreign Wars, the past department commander, Ray Mullin, department adjutant George Mullin and the department senior vice commander, Ricky DiLorento.

Would they stand to be recognized at this time?

Also, I would like to submit for the record, without objection, a letter from Ed Hoak, Adjutant, Department of Pennsylvania American Legion.

[The letter follows:]

THE AMERICAN LEGION,
DEPARTMENT OF PENNSYLVANIA,
Harrisburg PA, July 2, 1984.

Mr. BOB EDGAR,
Chairman, Subcommittee on Hospitals and Health Care,
U.S. House of Representatives,
Washington, DC.

DEAR CONGRESSMAN: I certainly appreciate the kind invitation to attend the meeting on Thursday, July 12, at 7:30 p.m. at which time Congressman G. V. (Sonny) Montgomery will speak.

However, it will be impossible for me to attend since our 66th Convention will be in session in Hershey, Pennsylvania that week. I would appreciate it if you would announce the interest of the Pennsylvania American Legion in this meeting but the impossibility of having representation present since we will be at the Convention.

Looking forward to seeing you at our Department Convention, and we always are grateful to you for your interest in veteran legislation.

Sincerely yours,

EDWARD T. HOAK,
Department Adjutant.

Mr. EDGAR. I was with Ed today at the American Legion convention and he and a number of other Legionnaires shared their regrets for not being here. They are at a State convention in Hershey.

We commend them for the work that the American Legion is doing, and I want to make recognition of the fact that they would have been well represented today had their State convention not been taking place.

Mr. EDGAR. Now I would like to call on our colleagues from Delaware County who have a prepared statement, representing all of the veterans' organizations. If you will simply identify yourself for the record, we would ask that you proceed.

Thank you for coming.

STATEMENTS OF FRANCIS E. DYER, SECOND VICE COMMANDER, DELAWARE COUNTY VETERANS' COUNCIL; ZYGMUNT KOREJWO, COMMANDER, DELAWARE COUNTY VETERANS COUNCIL; AND RICHARD A. SMITH, VIETNAM VETERANS OF AMERICA REPRESENTATIVE TO THE COUNCIL

STATEMENT OF FRANCIS E. DYER

Mr. DYER. Mr. Chairman, honorable members of the House of Representatives Veterans' Affairs Committee, fellow veterans, ladies and gentlemen, my name is Francis E. Dyer.

I am speaking to you as a representative of the Delaware County Veterans Council. I am second vice commander of that council and the delegate of the Tri-State Chapter of the American Ex-Prisoners of War to that chapter.

I am past chapter commander of the Tri-State Chapter of American Ex-Prisoners of War, current commander of Prisoners of War Memorial Post No. 5999 of the Veterans of Foreign Wars, outgoing commander of Chapter 19, Disabled American Veterans, and incoming junior vice commander, district 7, of the Veterans of Foreign Wars.

Seated with me are Zygmunt Korejwo and Mr. Richard Smith.

Mr. Korejwo is current commander of the Delaware County Veterans Council, past commander of Chapter 88, Disabled American Veterans, and represents that organization as its delegate to the Delaware County Veterans' Council. He is also a member of the American Legion Green Ridge Memorial Post No. 926.

Mr. Smith is the representative of the Vietnam Veterans of America to the Delaware County Veterans Council.

We want to thank you for the opportunity to speak to the committee concerning the quality and quantity of health care for veterans in southeastern Pennsylvania. We sincerely hope these proceedings are not being conducted for political expediency.

When the Veterans' Administration medical center was first constructed right after World War II, access to the building was not a problem. Today we have many cases where, if you can get to the hospital, you have a difficult time finding a parking space.

When you get to the area to which you are to report, you may find that your records are not available, a physician is not available, space is not available and, in some instances, due to a problem in scheduling, you are not expected at that time or even that date.

At this point, I would like to depart from my prepared text because just 13 hours ago, at Broad and Cherry, I had an appointment for 7:45 this morning. I was there at 20 minutes of 7.

At 7 minutes after 8, I was up in Dr. Goodman's office complaining because I was not being received.

I reported back down to the second floor and approximately half past 8 I saw the person who was supposed to see me at 8 o'clock. And at roughly 9 o'clock I saw the person that was supposed to see me at a 7:45. That man did not even have me on his schedule. He had no knowledge that appointments had been set for me to see him at that time.

Some areas are extremely efficient, on the other hand. This is undoubtedly due to the conscientiousness and dedication of the clerical staff in contrast to the negative attitude of staff members in other areas.

The attitude of some personnel is very similar to that of the service departments of new automobile dealerships after you have purchased a car and are trying to get service.

We are entitled to certain inalienable rights under the Constitution and we wish to have life and the pursuit of happiness. After having "paid our dues," these rights should not be denied us by an uncaring or disgruntled clerk.

The quality of the physicians, in some instances, is likewise excellent. On the other hand, I have seen a so-called doctor who didn't know how to use the Physicians' Desk Reference to locate the proper medication that was going to be prescribed for a veteran. Another doctor had to explain how the book was utilized.

A further discussion between the two then took place as to what to do with the patient while they were waiting for the physician of record to return so that a prescription could be signed.

We have heard many times that Veterans' Administration doctors are fully qualified. I believe we all have seen many instances as the one I have just described, and this leads us to believe, and I think properly feel, that we are getting second-rate care.

These doctors have no concept of the problems of the veterans who were combat wounded, ex-prisoners of war, or those who had battle fatigue as compared to the non-service-connected patient whom they are treating who happens to be over age 65 and who is a veteran.

The physical plant has been outgrown and, as the average age of the veteran increases, the need for increased capacity will be severely felt. Additional facilities are required that can cope with the anticipated demand.

The fact that veterans over age 65 are entitled to care in the Veterans' Administration facilities will severely affect the quality and quantity of care that can be maintained for the service-connected disabled veteran.

Just because the veteran with service-connected disability is over 65 should not diminish his rights under the law to treatment only equal to those who happen to be 65 and have no service-connected disability.

By the year 2000, two-thirds of the U.S. males over age 65 will be veterans according to John H. Mather, M.D., VA Assistant Chief Medical Director for Geriatrics and Extended Care.

With all of these veterans eligile for VA care, what will happen to the service-connected veteran when there is no space in the VA facilities? What will happen to the priorities of the service-connected veteran? You will not be able to discharge the over 65 veteran to make space. The time to plan is now for this situation, not after the problem occurs.

With the introduction of the diagnosis-related group classification system, what will happen if the service-connected veteran does not fit this DRG format? What if extra care or a longer stay which results in additional cost is necessary?

These veterans should receive all the treatment that is necessary for their return to health.

We have veterans who are combat veterans and ex-prisoners of war who are in private nursing homes in this area because there are no facilities for them. Why should these men have to sign over their homes and their savings when they should have VA care?

We believe that we have rights to the following:

First, modern hospital facilities, including parking for the veteran outpatient as well as for visiting members of the hospitalized veteran's family.

Second, fully qualified physicians, not just persons holding an M.D., who are residents or interns, or whatever you want to call

them. We need physicians who can completely handle the veteran's problem without deferring to another physician to check their work.

Third, nursing care for the veteran who does not need hospitalization, who is not ready to return home, or in some cases may have no home to return to.

Thank you for this opportunity to place our concerns before you.

I now defer to Ziggy, Mr. Zygmunt Korejwo.

Mr. EDGAR. We yield to our colleague, Ziggy.

STATEMENT OF ZYGMUNT KOREJWO

Mr. KOREJWO. Congressman Edgar, I know you have always had problems speaking my name. The name is Zygmunt C. Korejwo, K-o-r-e-j-w-o.

This is an area on the health care, but it could be leading to it. I wish to speak on the behalf of the Gold Star Mothers. I find that all are not getting DIC.

While delivering Meals on Wheels, I found two Gold Star Mothers, one who only receives $25 a month, and the other receives only $40 a month. I am sorry that the one with the $40, she died.

I feel that these mothers, and others, should receive full DIC. They have given much too much, their sons, who gave the supreme sacrifice for his country. Can't we, as a nation, be grateful to our Gold Star Mothers, just as our wives and children receive DIC when 100 percent service-connected disabled veterans do when the veteran dies?

There should be only one to receive this payment if mother and father are living together. If they get divorced, it should be the mother, and then the surviving spouse.

The way it is now, they share and split the difference if they get divorced or separated; that is, the dividends on the insurance.

In closing, I wanted to express my deepest thanks to you, Mr. Chairman, and the rest of the committee, for coming and listening to us veterans.

If you have any questions on this, I can try to fill in the spots. I don't want to take too much longer because Frank Dyer had his speech.

Mr. EDGAR. Thank you very much, Ziggy. I appreciate your statement.

Mr. EDGAR. We will now hear from Mr. Smith.

STATEMENT OF RICHARD A. SMITH

Mr. SMITH. Mr. Chairman, honorable and distinguished committee members, ladies, and gentlemen.

My name is Richard A. Smith. I am a delegate from the Delaware County Veterans Council representing Chapter No. 67, Delaware County Chapter of Vietnam Veterans of America.

I am speaking, not only as a veteran, but also as the son of a veteran.

In the past few months I have become involved with a situation that seems intolerable at best. My father became hospitalized with a serious physical illness. After talking to the hospital social worker, going over all possible options, I mentioned that my father

was a naval veteran of World War II and would that help or mean anything.

The social worker replied that only if it was a service-connected injury, and besides "it would involve a lot more paperwork."

When going through my father's medical coverage, I found that he had only two options. That was get him into a VA hospital or file for public assistance.

While checking out the Veterans' Affairs Office of Delaware County, filling out forms, reading literature on the veterans' home in Erie, PA, feeling utterly confused, I called a member of the Delaware County Veterans' Council who helped put my mind at rest, and gave me the name of a person to contact, a service representative at the Veterans' Administration.

The hardest part is to find out information that you need now. Decisions have to be made quickly, trying to find out what options are available, who to ask, what to do, and then make a decision that will affect someone else's life.

At first I was relieved, speaking to a person that was friendly, knowledgeable, and honest.

Fact one: The veterans' hospital takes veterans with a service-connected injury. The other veterans are put on a waiting list, availability of beds, et cetera. But that list is at least 6 months long. My father needed something now, not 6 months from now.

There was an option. Drive my father down to the VA hospital and dump him off like discarded trash. The medical care he would have received I cannot comment on because of not having firsthand knowledge, but the VA hospitals are not known for their medical care.

This experience has opened my eyes as to what a veteran of my father's generation has to deal with: Lack of medical facilities, lack of qualified medical staffing and, most importantly, lack of respect. Respect for the veterans that answered their Nation's call to arms and sacrificed all to insure our country's freedom.

If this is what my father, a veteran of World War II, has to go through, what do we, as Vietnam veterans, have to look forward to?

How can we remedy this if we, as concerned citizens, get involved? We have to find out not only what legislation is pending before the Congress or the Senate, but push to make sure it gets passed, being careful that harmful riders are not added to defuse the pending legislation.

I don't have the answer to where the funding will come from for our veterans. Let us all try our best to give the veterans the respect and medical treatment that they are due and must have. Anything else will not do.

Thank you.

Mr. EDGAR. Thank you very much.

Before recognizing my colleagues for questions, I wonder if any of the other officers and members of the Delaware County Council of Veterans Organizations would stand and be recognized.

Let me yield to my colleagues for questions.

Mr. Montgomery.

Mr. MONTGOMERY. Mr. Chairman, this is why we have these hearings, to hear these complaints and try to get these matters straightened out.

I am sure from what we have heard from our witnesses, they feel very strongly about it. We will go back and work in these areas, and I see, as I travel around the country, as other members of the subcommittee do, that sometimes these veteran employees do get impatient, just like in other walks of life that deal with the general public. They should not do it, and we try to correct it wherever we go.

But surely out there somewhere we have done some good for the veterans. We have helped them live longer, and more comfortably, and we will continue to go from there. As chairman of this committee, and as Mr. Edgar, as the chairman of the Subcommittee on Hospitals—that's why we are out here, to learn about these complaints.

God knows, we are trying. Surely we helped somebody out there. I hope we have.

Thank you.

Mr. EDGAR. Mr. Bilirakis.

Mr. BILIRAKIS. Thank you, Mr. Chairman.

Just very quickly, I would like to add something to what our chairman, Mr. Montgomery, said. And that is, this last July 6, for instance, we had a veterans forum in Clearwater, FL. Congressman Rowland was kind enough to come down from Georgia for that forum and, for the most part what we heard from the veterans—and we had something like 500 people there—was this concern that Mr. Dyer mentioned about these rights should not be denied to veterans by uncaring and disgruntled clerks.

There were comments made to the effect that many of the employees working in these medical centers look upon veterans as basically "welfare cases." This is certainly not my term, but was one of the comments made in this forum.

And we expressed great concern with that. Of course, we had the Veterans' Administration people testifying to the effect that they put all employees through an orientation program and tried to explain to them veterans' entitlements. God knows, it is not welfare.

I think we have to put more emphasis on that, Ed. I don't know how difficult it is to let someone go if he or she is a Federal employee and protected by Civil Service and unions, et cetera, et cetera. But if you have people with that kind of an attitude, somehow or other we have to be able to pare them out of the system. I just wanted to add that to Chairman Montgomery's comments.

Thank you.

Mr. EDGAR. Thank you.

Mr. Evans.

Mr. EVANS. Mr. Chairman, I wanted to start out by complimenting Mr. Smith for drawing a connection between Vietnam veterans and older veterans. We are all in one boat together. What affects older veterans now is going to affect the Vietnam veterans in the year 2000 and beyond. And obviously it even affects veterans of today, those people who fought in Beirut and Grenada.

Moreover, it affects the morale of our Armed Forces—particularly if they see the way their grandfathers, or uncles, or brothers,

and sisters, or aunts sometimes are treated by the Veterans' Administration.

You know, we have a real problem. I think we work hard on this committee. We have toured this country. You have to understand some of the forces that we are dealing with.

We had the Grace Commission come out and state that veterans' benefits, disabled Americans' benefits are overly generous and noncontributory. Those are the kinds of political forces that we are dealing with, those that don't really want to address these kinds of problems.

They are also talking about privatizing the VA hospital system and turning over the nursing homes to private concerns.

So we on this committee, particularly Bob Edgar, who is the chairman of this Subcommittee on Hospitals and Health Care, have been going throughout the whole country examining these problems for the last year and a half, for as long as I have been a member of Congress.

I think you have particular problems here in the Philadelphia area, with the lack of facilities and so forth, but those problems are particularly tough problems throughout the whole cold belt.

My hometown area does not have a VA facility within about 100 miles and we have the same kind of lengthy waiting periods for people.

We are going to be working very hard, Chairman Montgomery, Chairman Edgar, on these problems. It will take the involvement of all veterans' organizations to withstand the political pressures of the Grace Commission and others that say we ought to phase out the VA hospital system, as well as those that really don't want to spend that much money.

I think this is a bipartisan issue. We have had the support of Republicans and Democrats on this committee in fighting some of these Grace Commission recommendations.

It will also take the part of veterans' organizations to lead their people against the Grace Commission's recommendations in this particular area. We are telling you that there is a bigger battle on the horizon, and we are going to need your help in that regard.

Mr. EDGAR. Marcy Kaptur.

Ms. KAPTUR. I wanted to say to Commander Korejwo, I am sure the chairman is going to follow up on your suggestion, but you have my word that I will, on Gold Star Mothers.

Thank you for bringing this to my attention. It is something that I personally had not thought of.

Mr. KOREJWO. Ms. Kaptur, I would like to make a statement.

I did a lot of reading of title 38, and that is where I found the discrepancy. This is what sort of hurt me and I found out why. Then I said I couldn't believe it.

It was unbelievable the way somebody must have done it. There are quite a few other places I bet they have overlooked in title 38.

I read the book almost like I am reading the Bible. I go from one section to another section, in which I found—even just now I took care of one veteran. They would not give him his medication. He called me up. It was after midnight, and I had to try to get him his medication.

When I called the adjudication officer, because his sister gave me a call and told me that he would not let him receive it because it was nonservice connected. But so long as he is being taken care of by a VA physician he should—and if the VA physician makes out a prescription, he is entitled to that medication from the VA.

Mr. EDGAR. Thank you.

Mr. KOREJWO. Only trouble is, I will let the veterans know here, this is the problem and I run into this quite often: Veterans, when they go into the hospital——

Mr. EDGAR. Ziggy, I am going to have to interrupt you and give you 30 seconds because we have three additional panels to go through and we want to hear from those witnesses.

Mr. KOREJWO. When they go into the hospital and come out, they forget to call the doctor and make a reappointment. That is it.

Dr. EDGAR. Thank you.

Dr. Rowland, do you have any comments?

Dr. ROWLAND. Mr. Chairman, I will try to be as brief as I can.

I want to comment on what my colleague Mr. Bilirakis stated.

We found some problems to be common throughout the country that occur in Veterans' Administration hospitals. Entry level personnel seem to be a big problem. When veterans come into the hospital, they are not treated with the kind of respect they should be treated, and this automatically puts a bad taste in the mouth of the veteran.

Where we have been, the administrators of the hospitals tell us we have training programs to try to deal with this, but it is still a very big problem.

Something that concerns me that you talked about was the quality of professional care. I would like to ask a little more about that, because I am particularly concerned with the quality of care from the standpoint of physicians.

I have a feeling, in listening to you, and the response you got from the audience, that you feel that the quality of professional care is not what it should be here. I wonder if you have had any other experiences in other hospitals, and if you felt there was a difference in the quality of care.

What do you feel about the relationship between the two medical schools here to the Veterans' Administration Hospital? Do you think it is a good thing?

Do you feel it is not a good thing?

I know it is a whole lot to put on you at one time, and maybe we do not have time to go into all of that right now, but if you can briefly address that, I would appreciate it.

Mr. DYER. Unfortunately, I have no experience with any other veterans' hospital, so I can't answer your questions intelligently.

Dr. ROWLAND. What about the relationship between the two medical schools, do you think that it is a good thing or not a good thing, and why?

Mr. DYER. I don't think it is a good thing. I don't think it is good because you have men who are young, fresh out of school, and they don't know how to handle the problems of the veteran. These men don't have the maturity, they don't have the experience, and most important, they don't have military service.

Mr. EDGAR. Let me just close by commenting, I appreciate the statements that you have made.

One of the reasons we put you at this place in the agenda was that we have the medical people coming after you, so they can hear the comments that you are making, the criticisms you are laying out.

I visited the veterans' hospital in Philadelphia and the clinic over the last 10 years, and I have to say that while your criticisms are relevant, and to some degree on target, there has been enormous improvement in some of the specific areas of concern.

For example, when I first became a Member of Congress, I went over to the VA Hospital and saw long, long hours of waiting.

You mentioned this morning about being seen at 8 o'clock or 8:20 or 8:30 from an early appointment. We had criticisms of 4- and 5-hour delays. We had criticisms of competition between the two educational institutions that work with the VA, and I know this may not be a popular statement to make in this audience, given the responses they gave to your statement, but I think that the quality of patient care by the nurses, by many of the physicians, by many of the administrators at the Philadelphia Veterans' Hospital, is very good, given the restrictions and constraints under which they have to operate.

My guess is that some of the morale problem that we face within the Philadelphia VA system comes from the fact that we have an old facility with inadequate equipment and resources, and inadequate staffing in many of the areas that provide the kind of quality of concern.

I would just say to you that I appreciate your making the strong statement that you have made. I appreciate your coming and sharing that.

We are going to question and grill the new director for the VA hospital and we are going to go into some of the details of that, but I just wanted to say for everyone who is here, that we ought not to indict all of the hospital staff and personnel for the negligence of perhaps a few in this system.

Thank you very much for your statement.

Mr. EDGAR. We will now move to our next panel.

Our panel No. 4 is Mr. Charles Duld, Executive Director of Veterans Advisory Commission and Mr. Morris Kanfer, Adjutant of the United Veterans Council of Philadelphia. If they will come forward, please.

For just a second I would like to yield to my colleague, Marcy Kaptur.

Ms. KAPTUR. While the gentlemen are coming up, I think I might just mention this, Mr. Chairman, because you asked for insight on this.

I know in my own district, in our region, I have heard many times about the veteran's preference and trying to recruit personnel for the VA who are veterans. I don't know enough about it myself as a new member, but it has just come up again on this previous panel.

Part of the sensitivity is having been in the service yourself, and I was just wondering if over the years somehow that has been su-

perseded by the hiring practices of the Federal Government. It comes up over and over and over again.

Mr. EDGAR. We can ask that question of the regional administrators when they have a chance to speak.

STATEMENTS OF CHARLES F. DULD, EXECUTIVE DIRECTOR, VETERANS' ADVISORY COMMISSION, CITY OF PHILADELPHIA, AND MORRIS M. KANFER, ADJUTANT, UNITED VETERANS' COUNCIL OF PHILADELPHIA, INC.

Mr. EDGAR. Charlie, it is a privilege to have you here. All of your statements will be made a part of the record in full. If you could, given the pressures of time, we would appreciate it if you could summarize your statements where possible and, if not, we would appreciate hearing from you at this time.

First, Charlie Duld.

Mr. DULD. How about if I just talk fast?

Mr. EDGAR. OK. You may proceed.

STATEMENT OF CHARLES F. DULD

Mr. DULD. Charles F. Duld, executive director of the veterans' advisory commission, city of Philadelphia.

Chairman Edgar, distinguished members of this committee, welcome to the Delaware Valley.

I bring you greetings from the veteran population residing within the tri-State area that the present Veterans' Administration Hospital, located in Philadelphia, is responsible for serving.

A small segment of this veteran population are in attendance this evening and I wish to salute them. They are to be commended in hearing the call this evening.

We sincerely hope that upon conclusion of this hearing the committee will have a better, more realistic and vivid view of the present health care needs of our veterans. Present needs are only one area of concern.

We must realize that our veterans are advancing to age levels subjecting them to increased medical, surgical and psychiatric problems.

Then, of course, we must take into consideration those veterans that have not reached that senior level but, unfortunately, are in need of medical, surgical and psychiatric treatment.

Couple the two classes of veterans together and, obviously, this places strained demands on our existing Veterans' Administration medical center.

Projecting potential demands, in less than a decade, in comparison with present figures, will place insurmountable demands on an already antiquated facility.

As you know, our Veterans' Administration Medical Center in Philadelphia is listed as the third worst facility in the Nation. If steps are not taken immediately to combat the present, and especially the future demands of our veterans, they will have no alternative but to seek medical care through various welfare programs.

To deny any construction appropriations, or to limit programs, or bed capacity, will seriously impair a total care medical program for all veterans, service-connected and non-service-connected. This, in

essence, is a penny-wise and dollar-foolish act on the part of the administration, for after all, the Federal Government will ultimately be paying for this medical service if the veteran must seek this care through a welfare program.

In fact, lady and gentlemen of this committee, we do not have to wait for a decade, for in Philadelphia this problem exists right now.

My office receives approximately two to three requests per month for nursing home care in behalf of a veteran. We go through the traditional, and oft-times useless, procedure of having the necessary request forms made out and submitted to Coatesville, the only Veterans' Administration-operated nursing care facility in close proxmity to the Philadelphia area. The response is obvious, an indefinite waiting period.

Upon receiving a like response from our State-operated nursing home care facilities, we must then consider a private nursing home. But, I ask you, what veteran can afford the $1,500 to $2,000 per month charge for admission to a private nursing home?

We are then forced to take the alternative by having the veteran nursing home certified and requesting the assistance of our adult services division of the city's department of welfare to locate a private nursing home who will take the veteran under the medicaid program.

For example, and I am passing a copy out to you, I would like to introduce a copy of the correspondence that is usually received from the Coatesville Center.

Mr. EDGAR. Without objection, we will make it a part of the record at this point.

Mr. DULD. This is in reference to a veteran that my office had submitted an application for his admission. The answer was:

> Dear Mr. Duld:
> Your application for admission to our nursing home care unit was reviewed by the screening committee for this unit. We regret that we will be unable to admit Mr.—and I will delete his name—since the level of care he requires is beyond our staffing capabilities of this unit.
> If we can assist you in any way in planning for alternative care, please contact our social work service.

And they give a phone number and extension. It is signed by the chief of the Medical Administration Service, Coatesville, PA.

That is the usual type of response we receive, and what is the alternative? The alternative is applying for medicaid for our veteran.

I would also like to, at this time, introduce the gentleman on my left, Mr. Frank Supplee, who is another prime example, if I may, Mr. Chairman, who has applied for nursing home care. He is a resident of the city of Philadelphia and unable to be admitted to any Veterans' Administration or any State-operated veterans' home in the Philadelphia area.

As a result, Mr. Supplee, where did you apply and finally be admitted to, and you are going in, in August, I understand?

Mr. SUPPLEE. I am going to the veterans' home in Erie.

I am an over 80-year-old resident of Philadelphia. Naturally my roots are here. Regretfully, I am leaving Philadelphia, but, on the

other hand, without contradicting myself, I hope, I very much want a nursing home in the Philadelphia area.

I have had the good fortune, through our senior vice commander, Rick Needlerounds, that he did have me up, and I did see my new and prospective home in Erie, and I loved what I saw there. And I am going up there with an optimistic mood, but I also know that after a period of time I am going to get darned homesick for Philadelphia.

Mr. EDGAR. We will send some Philadephia cheesecake up to you.

Mr. DULD. By the way, Erie is about 400 miles away from the city of Philadelphia that Mr. Supplee here, who is 82 years young, is leaving.

Mr. EDGAR. I would just like to say, before you proceed with your statement, we appreciate your coming out tonight and sharing your personal testimony with us.

All of the Members from Congress are very thankful to you and we regret that you have to travel all that distance in order to find a home to have some quality of life in your aging years.

Mr. SUPPLEE. I would just like to say, I am going away. I am leaving Philadelphia in 1984. I am going up there. The first thing, the convention is going to be up there next year. I got that to look forward to. I love conventions.

Mr. EDGAR. A couple of us are going to San Francisco and we don't like them so much.

Mr. SUPPLEE. Just a final thing. I am going away in 1984. Please try to have me back by 1987 or 1988.

Mr. DULD. Mr. Chairman, if I may continue, allow me to quote some significant statistics.

Philadelphia has an overall population of 1,688,210. Of this number, there are 240,00 residents over the age of 65, potential nursing home care applicants. Of this figure, there are 85,000 veterans 65 years or older.

Our Adult Services Division receives, on an annual average, 367 requests for nursing home placement under medicaid. Their batting average is approximately 220 placements annually. Unfortunately, we do not have any statistics as to the number of veterans within this 220 figure.

I now call to your attention the monthly status sheet regarding our State-operated veterans nursing homes.

I believe Congresswoman Kaptur had asked for this, and it is included on the back page of my testimony here.[1]

Mr. DULD. As you can see, each of these facilities provide three areas of care, nursing, personal care, and domiciliary case. I believe our area of concern is the numbers on the waiting list with 76 waiting for admission to the home in Erie, and 117 waiting for admission to Hollidaysburg.

This then gives us a grand total of 193 veterans waiting to be placed in State-operated veterans nursing homes only.

Another serious area for consideration is those veterans that have been placed in contract nursing homes by the Veterans' Administration, and their 6-month stay is up.

---

[1] See p. 63.

Where are these veterans to go? If the social worker cannot place them in a medicaid-accepted facility, then they must be sent home. Sent home to be a hardship on their families and, in most instances, sent home to an aging, ill wife to care for their needs. Gruesome as this may sound, it is fact, and it does exist.

A recounting of the aforementioned statistics by all indications reveals an inadequate number of available nursing home care beds to service those from the entire population that cannot aford a private nursing home facility, not to mention the veteran that also falls into this category.

I have, I believe, Mr. Chairman, introduced this at a late date, which is the additional information regarding the veterans' population in the State of Pennsylvania, and I will call your attention to the figures regarding Philadelphia alone.

Mr. EDGAR. We have that attached to your statement and will be included in the record of these hearings.

[The information appears on p. 68.]

Mr. DULD. The total was 199,488 veterans. I am under the impression that the U.S. Senate at this time has devised a ludicrous formula in determining the bed needs in our Veterans' Administration medical facilities.

The use of this formula has resulted in a 169-bed decrease in our existing Philadelphia Center. This means that the original design concept for the expansion program reduces the bed capacity from 538 to 369.

Since the service-connected disabled veteran has priority for health care, this would totally eliminate health care for the non-service-connected disabled veteran. To eliminate any segment of the veteran community is completely contrary to the Congress' concept and I quote: "To care for him who shall have borne the battle and for his widow and his orphan."

In addition, I understand that the Senate has seen fit to reduce the preliminary construction moneys from the President's fiscal year 1985 budget from $18.3 to $10.5 million. This reduced appropriation upon completion of architectural studies, blueprints, working drawings, and traffic studies may realize an insufficient amount left over to actually begin construction prior to December 31, 1986.

As representing the city of Philadelphia, December 31, 1986, I must remind this committee, is of prime concern to the city of Philadelphia.

Through the good graces of the Philadelphia administration, and especially city council, the proposed construction site for the Veterans' Administration nursing home was given free and clear to the Veterans' Administration, via an act of legislation. An entire tract of 16-plus acres has been reserved for the Veterans' Administration if, in the event they would entertain any consideration for the construction of a new hospital.

Twelve acres are specifically designated and reserved for the construction of a nursing home.

I might add that this prime location has a worth tag of approximately $1 million per acre. Since the Veterans' Administration has indicated they will need only 4.5 acres for the nursing home, this

means that the city of Philadelphia is saving the Federal Government $4.5 million.

However, the ordinance reads that construction must commence prior to December 31, 1986, or the property reverts back to the city.

As a city representative, I can assure you that there are many city agencies waiting in the wings to develop this property in the event the Veterans' Administration defaults on its commitment.

In fact, a consortium has been established with proposed expansion projects by the University of Pennsylvania Hospital, Children's Hospital, and other private agencies to develop this group in conjunction with the Veterans' Administration nursing home project. However, I can foresee a parking lot on the 4.5 acres if the Veterans' Administration does not take advantage of the city's officer.

In conclusion, committee members, on behalf of all the veterans in the Delaware Valley I cannot be more emphatic, we do not need a parking lot.

We do need a nursing home. We do need a modern, updated health care facility. We do need an updated ambulatory care center.

I also wish to thank Congressman Edgar, his committee members, and Congressman Montgomery and his committee for the overall support that our Philadelphia project has received up to this point.

Thank you for permitting me to testify today.

Mr. KANFER. Mr. Chairman, before I do, I would like to introduce the commander of the United Veterans' Council who this year—past commander of the Marine Corps League, Lamar Golden.

Mr. EDGAR. I wonder if we could also see a show from those here from the city of Philadelphia and the veterans' organizations represented there? Would they stand, please?

I would also like to give a special attendance recognition to the Philadelphia Jewish War Veterans of the United States, Ira Poliakoff and others, who have come in with Ira. I think you are over a hundred strong. Would you stand for recognition, please?

Without objection, we will include in the record the statement from the Jewish War Veterans at this point in the record.

[The information appears on p. 68.]

Mr. EDGAR. I yield to my colleague, Lane Evans. Then we will hear your statement.

Mr. EVANS. Mr. Chairman, as a former marine, I just wanted to point out that Philadelphia is the birthplace of the Marine Corps. I didn't know if you knew that or not. It started at a tavern in Philadelphia, so I am very pleased about that.

Mr. EDGAR. A little applause for the Navy, the Air Force and the Army a little later.

Mr. DULD. The Navy was born in Philadelphia also.

STATEMENT OF MORRIS M. KANFER

Mr. KANFER. Mr. Chairman, members of the subcommittee, I am Morris M. Kanfer, adjutant of the United Veterans' Council in the city of Philadelphia.

Of course, our council has 41 member organizations which represents veterans in Philadelphia and the five county area.

The testimony I am about to give is based on my experience as a U.S. Navy veteran of World War II and as a member of various veteran service groups over the past 37 years.

As the adjutant of the United Veterans Council, I am here to relay to you some of the concerns and grievances related to me by veterans in the local community regarding the Philadelphia Veterans' Administration Hospital and Nursing Home Project.

As the adjutant of the United Veterans' Council, I want to tell you that the majority of the veterans have voiced their displeasure of the inaction of both the U.S. Senate and the Office of Management and Budget regarding this extremely important project.

The veteran population in the entire Delaware Valley area is very concerned over the Philadelphia Veterans' Administration Hospital and Nursing Home Project. To delay or lose this project would be catastrophic to over 500,000 veterans that reside in the Delaware Valley area.

It has been projected there are 85,000 veterans in Philadelphia County alone who have reached the age of 65. This figure will mushroom to approximately 136,000 by the year 1990.

The above figure is compounded by two important facts:

1. Recent surveys have indicated younger veterans are using the VA medical system at a younger age than ever before in our history due to the numerous medical problems suffered by our Vietnam veterans population, for example, the Agent Orange and post-traumatic-stress syndrome, to mention just a few.

2. Due to the aging of our veteran population.

I am asking your guidance and support to insure that veterans in the Delaware Valley area will have adequate health and nursing care when the need presents itself.

We call upon your subcommittee, the Subcommittee on Hospitals and Health Care, as our representatives to use whatever sources are available to you to assure that the Philadelphia Veterans' Administration Hospital and Nursing Home Project be a priority for the Veterans' Administration budget in fiscal year 1985.

Our request is a reasonable one. We are asking for adequate health care services, which we are entitled to, and which we fought for, and which our comrades died for.

We answered our country's call during the time of distress. Now we call upon you in our time of need.

Mr. Chairman, I have to commend you and the members of your committee, especially Ms. Kaptur, a young woman, to act and give the show of heart of which, as much as the men would like to, they don't have that love feeling as well as a woman does. Now that you have a woman on your panel, I can see that this thing has to go through with flying colors.

Mr. EDGAR. I don't have any questions for the panel. I have commendations for both of you for your statements.

And also, Charlie, I would like to thank you personally on behalf of all the veterans of the metropolitan area for your leadership within the city administration for protecting the lands, for getting the law passed in city council to give the VA the lands for the expansion.

I can tell you that on a nonpartisan basis, there is an effort going on in the House of Representatives to put pressure on the Senate, put pressure on the OMB, to make sure that the $18 million is available for the Philadelphia project to begin, and the $140 to $150 million is really dedicated for that project.

Your leadership has been outstanding and I wanted to commend you and the adjutant for that work.

Mr. EDGAR. I would like to call our next panel at this point, Mr. Jack Lavender, Mr. Frank Palecko, and Mr. John Fisher.

We have Jack Lavender, president of Delaware County Vietnam Veterans of America; Frank Palecko, who is the service officer, Department of Pennsylvania, American Ex-Prisoners of War; and Mr. John Fisher, regional administrator, Eastern Paralyzed Veterans Association.

Gentlemen, we are pleased to have you here. The hour is late. We want to hear from our colleagues in the VA, so we ask you to summarize your statements where possible. I thank you for your patience and your willingness to come and testify.

Jack, we will begin with you and we look forward to hearing your statement.

STATEMENTS OF JOHN B. LAVENDER, PRESIDENT, DELAWARE COUNTY VIETNAM VETERANS OF AMERICA; FRANK PALECKO, SERVICE OFFICER, DEPARTMENT OF PENNSYLVANIA, AMERICAN EX-PRISONERS OF WAR; AND JOHN FISHER, REGIONAL ADMINISTRATOR, EASTERN PARALYZED VETERANS ASSOCIATION

STATEMENT OF JOHN LAVENDER

Mr. LAVENDER. My name is John Lavender, president of Vietnam Veterans of America, Delaware County Chapter No. 67. I am also Pennsylvania State coordinator for Vietnam Veterans of America.

Mr. Chairman, members of the committee, I am honored to be here this evening to present the views of VVA Chapter No. 67 on the comprehensive treatment for Vietnam veterans who are suffering from post-traumatic-stress disorders, and on the Veterans' Readjustment Counseling Programs.

As you already know, Vietnam Veterans of America, through its national leadership, has a long history of supporting the Vet Center Program. And since its inception in 1979, we have continued to support this program.

We of chapter No. 67 would like to commend the chairman and the members of the subcommittee and the full committee, for all your hard work toward the recent extension and expansion of this initial program.

Now that the program's future has been assured for the next 4 years, and the authority granted to the VA to reprogram up to $7.2 million of the $11.2 million contract fee moneys into an expansion of the vet center system, I would like to focus attention on what we feel are the needs of the Vietnam veterans here in Delaware County and all of southeastern Pennsylvania.

We firmly believe that, given the extraordinary workload of the existing vet centers, there is a definite need to expand and enhance the program. It is estimated by many researchers that upward of

700,000 individuals nationwide will have need of vet center services. Since the vet centers up to date have seen approximately 226,000 veterans, it is clear that we have a long way to go.

Here in Delaware County, we have an estimated 11,000 Vietnam veterans. Unfortunately, there is no way of estimating how many of these veterans will need the services of a vet center.

As an organization of Vietnam veterans, we are constantly in contact with veterans who need these services. Working with these veterans, I have observed two important faults of the program, as it presently exists.

One. The closest vet center to our county is on Arch Street in Philadelphia. This center is well managed and is providing outstanding services to those who travel to it. However, Philadelphia is not Delaware County. Most individuals who live here strongly resist traveling into Philadelphia to find services they need. To a veteran who suffers from posttraumatic stress, this is one more difficulty which he or she feels they do not need.

We are grateful to have a vet center counselor in Clifton Heights one evening a week. His professionalism has given confidence to many a first timer attending our rap sessions. The newcomer is convinced that he will receive proper help if he makes the trip into the city. These individuals are not only suffering from PTSD, but also have a deep-rooted distrust for most Government agencies.

This rap group has not seen the success that it could have, due to the low amount of publicity it receives. Notices are put in the local newspapers frequently, but since we are an organization, our notices get placed in the club and social calendar section, where few, if any, veterans even glance. We need more public service announcements on TV and radio.

Two. We have to somehow find a method to educate not only the veteran and his family, but the general public as well, that PTSD is not something to be ashamed of. I frequently speak to veterans who are obviously suffering from PTSD, and out of fear of being characterized as someone with mental deficiencies, they choose to go on suffering their nightmares and flashbacks, and keep on suppressing their wartime experiences.

We of VVA Chapter No. 67 strongly believe that these problems could be corrected by opening a vet center or even a satellite center here in Delaware County. With proper publicity, this center could serve our community well. Veterans would no longer have to leave their familiar surroundings and travel into a strange environment. It would also be convenient for the veteran to drop in and acquaint himself with the program without his family and/or friends knowing about his self-doubts or indecisions in seeking help. Once he has been exposed to the relaxed atmosphere of the Vet Center Program, he will be able to help himself.

With all respect to the recent expansion authorization of the Vet Center Program, Mr. Chairman, VVA No. 67 views this as a very important first step. However, given the relatively short lifespan of the Vet Center Program, VVA No. 67 urges this committee to reexamine the proposal to substantially increase the number of beds and the total number of PTSD units.

The need for inpatient facilities in southeastern Pennsylvania that are designed, equipped and staffed to professionally address

the needs of veterans suffering from post-traumatic stress disorder, has long been apparent.

I repeatedly hear horror stories about veterans being turned away or being placed in either alcohol or mental wards, which are not programed to deal with PTSD. The PTSD unit at Coatesville VA Hospital is overburdened and desperately needs to be expanded. Nationwide, as of July 1, there are only 10 such units, with a total of only 300 beds.

Approximately 10 percent of the veterans who currently seek assistance from our vet centers are diagnosed to be in need of inpatient care. This conservatively amounts to more than 10,000 veterans in fiscal year 1984 alone who are in need of such services. The average length of stay in such cases is 90 to 120 days. It is clear that the VA is unable to meet this need. To provide care for those 10,000 veterans needing care this year alone would require 2,500 beds.

In addition, there is the problem of the backlog of veterans identified as being in need of such care. I am told that the waiting list at Coatesville sometimes reaches 6 months. Nationally, there are as many as 20,000 veterans in this category.

We would further recommend, Mr. Chairman, that these units should be permanent facilities, not subject to the September 30, 1988, expiration date. There is overwhelming evidence that PTSD is a consequence of life-threatening traumatic events. It is a consequence of combat and exposure to death and dying, whether that combat be at Anzio, Vietnam, Grenada, Lebanon, or elsewhere, the exposure may be in graves registration or in medical personnel.

We believe that now is the time to make an assessment, and the treatment of these unseen but very real wounds which exist in what may be a large number of the young veterans, both of Grenada and Lebanon, while treatment would be most effective and efficient before these young lives are twisted, such as ours were, and may be needlessly scarred by wounds left untreated.

In closing, Mr. Chairman, I wish to note that at the end of World War II, 50 percent of the VA medical facilities had psychiatric units. The VA met head-on the psychological problems of the returning combat veteran, thus minimizing the long-term and lasting effects of combat.

Today, less than 12 percent of VA medical centers have these same units. Does not the tremendous service and sacrifice of the Vietnam veteran deserve, at the very minimum, the same level of services afforded veterans of previous wars?

Let me assure you that the Vietnam veterans in southeastern Pennsylvania are honored and appreciative that you took the time to come here to hear of our needs. We feel that this committee has the unique opportunity to move forward with a program that, in our opinion, is the best program the VA has implemented in years. Let this committee send a long-awaited signal to the Vietnam veterans of Delaware Valley that you really care and are responsive to their needs.

Thank you, VVA Chapter No. 67.

[The prepared statement of Mr. Lavender appears on p. 68.]

Mr. EDGAR. Thank you very much.

Mr. EDGAR. We will now hear from the American Ex-Prisoners of War.

Mr. PALECKO. Is this microphone working? I speak better if I can stand. May I, with your permission, stand at that microphone?

Mr. EDGAR. If I could just ask for a moment, we have one, two, three, four, five additional witnesses, and it is now 10 o'clock. Some may wish to visit the restrooms and stretch. What I would like to do is continue the hearing, and if you see members leave——

Mr. PALECKO. I notice half of the members left already. That's why, when I speak, I want to make sure nobody leaves.

Mr. EDGAR. If I could just ask each of the following witnesses, where possible, to summarize their statements, it would be very helpful. You may proceed either at the standing microphone or the sitting microphone. I yield to the gentleman.

STATEMENT OF FRANK PALECKO

Mr. PALECKO. My name is Frank Palecko. I was a member of the 502d Parachute Infantry of the 101st Airborne Division. I parachuted into Normandy at 0100 hours on June 6, 1944. This was the start of the great invasion that freed Europe from Hitler's grasp. Unfortunately, I was captured and spent over 300 days in various prisons, barns, and POW camps. I came home from the war, went to work, and raised my family of six children, never asking or receiving 10 cents' worth of medical care from my country.

I am the past national president of the 101st Airborne Division Association. I have held offices in various veterans organizations. At present, I am the service officer, Department of Pennsylvania American Ex-Prisoners of War.

I thank you for the opportunity to speak to you tonight. We have been asked to limit our remarks as to the quality and the quantity of care that veterans receive at the VA hospital and the outpatient clinic at Broad and Cherry Streets in Philadelphia. I will limit my remarks to the quality of care, simply because any veteran could not stand any additional quantity of the less than mediocre care they receive.

I have had dozens of complaints from my fellow veterans of the care and treatment they receive. However, as they could be construed as hearsay, I will relate only one. If you think this is funny, you may laugh.

I have been told by a fellow veteran who spent 35 months in a Korean POW camp, and happens to be 100 percent service-connected, that he saw a doctor at the hospital at 39th Street for treatment of his arm and chest, which is arthritic. He has difficulty breathing. He has a severe blood condition, and many other ailments which are prevalent among former POW's.

After examining this veteran, the doctor offered and recommended, seriously, a penis implant, as recently shown on the "Donahue Show." I'm sure somebody saw this "Donahue Show". This is an absolute true story, and this veteran has agreed to let me use his name; however, I will not unless the VA decides they want further proof or decides to sue me. I will provide additional proof.

I will now relate some of the treatment, or I should say mistreatment, I personally received from the VA personnel. Most of the VA

people are good people, trying to do good service for the veteran, and they do. Unfortunately, there are too many incompetent, uncaring, and unqualified individuals who could not make it as a civilian medical person, and take the so-called VA route, where incompetence is too often ignored, and left with no serious reprimand. Has anyone ever heard of a VA physician being fired? If you have, please tell me.

On Monday, April 25, 1983, as part of a POW examination, a lesion was discovered on my right arm, which was enlarging.

"Dr. M." suggested I return on April 29, for surgical removal. It appeared to be malignant, and it would be sent to a laboratory for study.

I asked the doctor to inform me if it was or was not malignant. I would like to know. No word or letter was received until I spoke to Barry Bell on June 13.

As a result, I received a call from a "Dr. S," informing me it was malignant, on July 25, and I also received a letter of apology for the delay from Mr. Barry Bell.

I ask you, Mr. Chairman, is this 90-day interval a reasonable amount of time to wait for a biopsy report?

In the State of Pennsylvania it is required by law to have a sign posted in hospitals informing patients of their rights. I have checked bulletin boards in both locations and have found none. I did find a letter urging all employees to wear seatbelts, and it was signed by President Reagan.

On August 29, 1983, at exactly 1:30 p.m., as part of a POW examination mandated by VA Circular 10-83-56, dated March 28, 1983, I was examined by a psychiatrist, a "Dr. C." She knew nothing of any POW special forms, nor did she know anything of chapter 17.

In the physician's guide, fellow veterans, there's 16 chapters. Through the courtesy of Congress and the VA, there is now a 17th chapter which deals specifically with the POW problems. Now, this psychiatrist knew nothing about chapter 17.

While I was in her office, seated at her desk, she received four phone calls. I could not help but overhear what she said to the other parties, but they seemed very desperate.

At 1:50, she left the office to get information about special POW forms, and returned at 2:05 to inform me that a Dr. Greenstein suggested they reschedule me with someone familiar with POW problems.

Again, I ask, how come so few people know so little of the laws and directives mandated by Congress and the VA in Washington?

Having left "Dr. C.'s" office at 2:05, I was then scheduled to see the now infamous "Dr. I," who is listed as the POW medical coordinator.

I arrived in his office at 2:20. I sat outside his office until 3:20. It was 1 hour before I was admitted to his office. Now, this was a scheduled appointment, gentlemen.

He took a patient in out of turn, and smiled, and said to me, "Be with you in a few moments."

When I got into his office I questioned him about chapter 17, and if he knew anything about it he certainly didn't divulge it.

He was not using the medical exam form as mandated by Circular 10-83-56, of which I have a copy here. He knew nothing of it.

I had to remind him that a sigmoidoscopic exam was included, and he then scheduled me for one at the hospital. The time was now 4:05 p.m. Again, uninformed people masquerading as POW medical coordinators.

At the present time, gentlemen, many eligible veterans are receiving medical benefits from their places of employment through Blue Cross, Blue Shield, et cetera. Once they are retired, these free medical benefits, through private hospitals and physicians, will not be available. The burden will then be on the Veterans' Hospital.

Please, gentlemen, I urge you to upgrade the quality of care immediately and insure that in the future the quantity will be there.

Thank you, ladies and gentlemen.

Mr. EDGAR. Before calling on John Fisher, I might have to make a sad announcement. I know the Jewish War Veterans' buses are waiting, so those of you who came by bus, you might want to check with some of your coordinators to see what time they are leaving.

Mr. EDGAR. Our next witness will be John Fisher from the Eastern Paralyzed Veterans Association.

We really appreciate your patience tonight, and thank you very much. We would like you to use the microphone there, if you could have it lowered. If you could summarize, it would also be helpful.

STATEMENT OF JOHN FISHER

Mr. FISHER. Mr. Chairman, honorable members of the committee, ladies and gentlemen, my name is John Fisher, and I am Philadelphia Regional Administrator for the Eastern Paralyzed Veterans Association, which is the largest chapter of our national organization, Paralyzed Veterans of America.

Our organization is composed of veterans who have incurred a spinal cord injury or spinal cord disease.

I will do away with a lot of the statistics I have in my testimony on the Philadelphia VA.

Mr. EDGAR. Without objection, they will all be included in the record at this point, the whole statement.

Mr. FISHER. I will limit my testimony to the spinal cord injured veteran. The veteran who has a spinal cord injury or disease is confronted with special problems when he attempts to obtain care at the Philadelphia Veterans' Administration Center. As soon as he arrives at the hospital, the difficulties begin with trying to find an accessible parking space.

Parking has long been a problem not only to the medical center on University and Woodland Avenues, but also at the Ambulatory Care Center at Broad and Cherry Streets. Because there are only three handicapped reserved parking places curbside to accommodate the large number of disabled veterans who use the clinic, it is almost impossible to find an available parking space. The privilege of parking in a handicapped space is often abused by the nondisabled and enforcement is inconsistent.

There are pay parking lots in the vicinity of the clinic, but the cost is usually more than the amount the VA allows for parking. Also, the closest lot is this one block away from the clinic and traveling one block in a wheelchair can be very hazardous. There are

an insufficient number of curb cuts, and negotiating the traffic in this area, especially in the winter, can be very dangerous.

If the veteran disabled with a spinal cord injury or disease has to be admitted to the medical center, it is often difficult to obtain the necessary specialized care needed by these veterans because the staff has not been fully trained in this specialty. There is a definite need for a curriculum of education specifically addressing the spinal cord injured veteran at all staff levels in the Veterans' Administration Medical Center. An SCI veteran could encounter a life-or-death situation resulting from a staff worker's lack of knowledge of the special needs and problems of an SCI veteran.

Another problem area specifically confronted by a veteran with a spinal cord injury or disease is the lack of reasonable transportation to SCI centers.

The Veterans' Administration system has the best spinal cord injury centers in the world, but we have problems getting the veterans to the centers. The closest SCI center to the Philadelphia area is East Orange, NJ, and often the veteran's medical condition prevents him from driving or providing his own transportation. Immediate care is sometimes put off because of this problem, which only exacerbates his condition.

By taking advantage of available military transportation in the area to transport these veterans to SCI centers, we would be accomplishing a threefold purpose. First, the opportunity to transport these veterans would provide military personnel the necessary training in how to mobilize and take care of SCI veterans.

Second, this action would support the secondary mission of the VA by providing backup training and support for the military hospitals.

Third, it accomplishes the main purpose, and that is getting the veteran to the SCI center in a safe, timely manner.

The Veterans' Administration recently adopted several management initiatives aimed at improving the delivery of health care services, one of these being the diagnostic related group classification system. The DRG system is a classification scheme under which average duration of stay and average treatment costs are preestablished for certain conditions. The system is a means of measuring the length of stay patterns and the clinical practice of the facility.

The problem with the DRG system, as implemented, is that it does not fit the mold of the Veterans' Administration health care system. DRG is planned and based on the civilian sector. The Veterans' Administration health care system is a total health care provider which treats the veteran as a whole, whereas the civilian health care system is a diagnostic health care provider treating the parts of the patient and, in turn, charges for services in this same manner.

For example, a veteran may enter a VA hospital for an appendectomy operation and under the DRG system he would be allocated a 10-day length of stay in this hospital. Because the VA system is an overall health care provider, the veteran would more than likely receive care for other problems requiring a hospital stay beyond the 10-day allocated period. The VA would be funded only

for the DRG classified 10-day stay, and therefore funding would be inadequate.

With the VA losing money through this system, this will, in turn, translate itself into a decreased staff in the VAMC. Any decrease in staff in the Veterans' Administration medical centers would have a detrimental effect on the veteran, especially the spinal cord injured veteran, who also has to depend immensely on staff assistance.

As of yet, there are no diagnostic-related groups set up for spinal cord injury services. The VA has not come up with allocated costs due to the specialized care required for an SCI veteran. As it is, the DRG system is distorting the levels of care provided by the VA, and is decreasing the quantity and quality of care provided to the veteran.

The DRG system is also in direct conflict with another planning process used by the VA named "Medical District Initiated Planning Program." This is a plan of health care delivery and resources allocation based on local needs. In essence, it should be either system or a combination of both or the veteran loses.

I would like to say that the great majority of the staff at the Philadelphia Veterans' Administration Medical Center is very considerate and helpful. They are doing their best work with limited resources and limited space. The Eastern Paralyzed Veterans Association sincerely thanks those workers who go out of their way to care for the veterans of the Philadelphia area.

On behalf of the members of the Eastern Paralyzed Veterans Association, and especially the members residing in the Philadelphia metropolitan area, I would like to sincerely thank Congressman Edgar, Chairman Montgomery and the other Veterans' Affairs Committee members who have been instrumental in attempting to have funding restored for the planned major construction project for the Philadelphia VA Medical Center.

In conclusion, I would like to thank Chairman Edgar, Chairman Montgomery, and the other members of the subcommittee for their time, talent and energy which you have all brought to bear upon veteran issues not only in the Philadelphia area, but nationwide.

I appreciate this opportunity to testify on behalf of the members of the Eastern Paralyzed Veterans Association.

[The statement of Mr. Fisher appears on p. 70.]

Mr. EDGAR. Thank you very much.

Let me say to Jack Lavender, this committee did work effectively to pass in the House the charter for the Vietnam Veterans of America. And our chairman, "Sonny" Montgomery, took a lead position on that in the House, and we are pleased that that passed. Hopefully, we can get it passed in the Senate.

To the former prisoners of war, as you were here, and we noted the recognition of one of your members for a Purple Heart, your members have been very aggressive with my staff in setting up meetings on several occasions with the VA regional people and with the new administrator for the Veteran Hospital in Philadelphia.

At our last meeting last week, we suggested that a face-to-face meeting with Tom Williams, the new director there, would be the

next step in that process, and we are looking forward to that meeting.

To the paralyzed veterans, your national organization and your statement have been very helpful to us in looking at the specialized needs of paralyzed veterans. When we traveled the country, we went to some of the centers that were primarily on paralyzed veteran needs. We looked at both research and the practical day-to-day care. I have to say that I am impressed with the way in which the VA is working on that issue.

We need more regional centers, more centers that are closely located to persons who are paralyzed and have specialized needs, but your national leadership has been very helpful to this committee.

Let me call on my committee members. Are there any quick questions that any members have?

Mr. EVANS. Mr. Chairman.

Mr. Lavender, the chairman introduced me as the person that had something to do with the extension of the Vet Center Program. Actually, he was very generous in his comments, because we had just introduced the bill. Without the generous chairmen of both the Health Care Subcommittee and the full committee, that bill might not have gone anywhere.

The chairman has taken us on this nationwide tour of VA hospitals and clinics. We've gone to a so-called "combat unit", and to a rehabilitation clinic in North Chicago where we spent an hour or so talking to a constituent of mine that was 1 of the 25 people there.

And I just wanted to acknowledge, Mr. Chairman, and Chairman Montgomery as well, that the Vietnam veterans of Congress are very appreciative of your efforts to get this legislation extending veterans' centers through Congress, and through conference committee. Chairman Montgomery and Chairman Edgar were on that conference committee, which took our 3-year bill, with the Senate bill which only provided for a 1-year extension, and got that miracle through. And it wouldn't have happened without your help.

We appreciate your efforts, and I want to make that public and part of the record.

Mr. EDGAR. My next miracle is a center in Delaware County.

Let me thank all of you for your patience and your articulate statements. Thank you very much.

Mr. EDGAR. Our final panel of witnesses will be the new Director of the Philadelphia Veterans Hospital, and also Mr. Alvis Carr, Jr., Director of Mid-Atlantic Region, Department of Medicine and Surgery for the Veterans' Administration Regional Directors; and Mr. Andrew Sack, Associate Director of the Veterans Medical Center in Coatesville, PA. Let me just welcome you to the witness table.

If the audience will be patient, I think we will be just a few moments before we reach the conclusion of our hearing. Thank you for your patience.

Gentlemen, I am going to ask the full text of your statements, without objection, be considered as part of the record, and I would ask that where possible you summarize your comments.

Mr. EDGAR. We will hear from the regional director.

STATEMENTS OF ALVIS B. CARR, JR., DIRECTOR, MID-ATLANTIC REGION, DEPARTMENT OF MEDICINE AND SURGERY, VETERANS' ADMINISTRATION; RAY T. WILLIAMS, DIRECTOR, VETERANS' ADMINISTRATION MEDICAL CENTER, PHILADELPHIA, PA; AND ANDREW SACK, ASSOCIATE DIRECTOR, VETERANS' ADMINISTRATION MEDICAL CENTER, COATESVILLE, PA

STATEMENT OF ALVIS B. CARR, JR.

Mr. CARR. Mr. Chairman, I am delighted to be here with you this evening and to have an opportunity to address the group. Because of the lateness of the hour, and the fact that the two medical center directors, or the director of the Philadelphia facility and the acting director of the Coatesville facility came with statements, I think it would be more appropriate if they gave you their statement and I would be prepared to answer questions.

Mr. EDGAR. Thank you very much. Let's give him a round of applause for that. [Applause.]

We will call on Mr. Williams.

Tom, we are very pleased that you had the opportunity to show some of us around the Philadelphia facility to see some of the limitations of space and resources that you have.

I know you have been on duty taking over for Barry Bell only 3 weeks, and we have placed a lot on your lap today.

You have heard some criticism about the facility you have taken over. A number of veterans' groups want to have a sitdown conversation with you about some of the complaints that they raised today. We will make the full statement part of the record, and we ask you to proceed at this time.

STATEMENT OF RAY T. WILLIAMS

Mr. WILLIAMS. Thank you very much. It was our pleasure to have all of you at the hospital today, and we really appreciate you being there.

Since the statement will be entered into the record, I would, if it is acceptable to the committee, like to just respond to questions. But I do want to assure you and the audience that we have heard you, we heard what you said, we heard what some of the problems are. I can assure you, we are here to try to work on these problems. We will do everything we can to try to provide the best possible care to the veterans in Philadelphia.

[The statement of Mr. Williams appears on p. 71.]

Mr. EDGAR. Thank you very much.

Mr. Sack.

STATEMENT OF ANDREW SACK

Mr. SACK. Thank you, Mr. Chairman. I wish, too, to have the statement made a part of the record in order to conserve time. I have a copy of the testimony of all the witnesses, and we at Coatesville will be looking into the areas that are of concern.

[The statement of Mr. James L.G. Parsons II, Director, VAMC, Coatesville, PA, appears on p. 73.]

Mr. EDGAR. Thank you very much for that.

Let me ask my colleagues each to ask questions and to make a closing statement if they wish.

I want to ask your indulgence. We have a whole list of questions which we would like to submit for the record.[1] We would like you to have some detailed responses to those questions, and we will provide them for you.

Let me yield to my chairman, "Sonny" Montgomery.

Mr. MONTGOMERY. Thank you, Mr. Chairman. I will be brief, as the hour is so late.

I want to thank those who have stayed. This is probably another first, Mr. Chairman, the latest hearing that has ever been held in the Veterans' Affairs Committee. It shows an interest in you and the staff and others.

I think that the three persons from the Veterans' Administration, from the regional office and from the hospitals, who have said what I want to hear them say, that they will look into the testimony and would look at the testimony that has been made here tonight. I thought it was very strong testimony, and I felt there were some key points made.

And I would just like to tell our people who work for the same fellow we do, the Federal Government and Uncle Sam, that you actually have a lot of friends in Washington on Capitol Hill. We know the tough job you have, and we try to protect your rights.

And having said that, I hope you would look into the matters or suggestions where a hospital employee does get tired at 2 o'clock in the afternoon and does get fed up with the veteran. These are pretty good jobs, and they have got to have patience with our veterans.

As someone said earlier, the Government really doesn't have but one obligation, and that is to the veterans. And the people themselves have obligations to make the Federal Government work.

So, actually, when a person goes and serves his or her Nation and serves in time of combat, then our Government does have an obligation, and it's your responsibility.

I am saying that to let you know you do have a number of friends on Capitol Hill, and you do get a bit over their heads. But I think you have to take it, and you have to work hard and try to correct some of those problems that have been mentioned here tonight.

I see you nodding. That's about all we can ask, just try to do better.

We are trying to give you more funding, and Mr. Edgar's on top of this Philadelphia situation.

The House did a good job to get you funding here. The Senate has, in effect, done something we don't all quite understand. There is a danger that some of this funding could be taken away from units in need, such as the Philadelphia facility here, but we will watch and work and see that if anything does happen, that certainly Philadelphia will be protected.

But I have learned a lot, and I hope I can be a better chairman. And I certainly appreciate my colleagues being here, as I said earlier.

---

[1] See p. 75.

Most of them have opponents and they ought to be back campaigning, but out of respect for Mr. Edgar and myself, and out of respect for the veterans, these committee members have come over here. It takes a day. They have been here trying to do something for you veterans.

God bless you, and we are going to do all we can. You have got a lot of friends in Washington. Thank you very much.

Mr. EDGAR. Mr. Bilirakis.

Mr. BILIRAKIS. Thank you, Mr. Chairman. Just a very brief closing statement. Again, I seem to be echoing or adding to, or complimenting, Chairman Montgomery's statement.

Mr. MONTGOMERY. That's OK, no problem.

Mr. BILIRAKIS. For my part, I know that we have impressed the members of the Veterans' Committee who have come down to Florida for a couple of forums we have had in my area. We have not had any formal hearings, but a couple of forums. The numbers that turn out means so very much. The turnout tonight is just tremendous, and just adds that much more weight to the need, to the problem, to the caring on the part of the veterans. I think that is significant.

I am also very pleased to see that the United Veterans Council of Philadelphia is here, because one of my biggest pet peeves, since I came to Congress, as far as veterans' problems are concerned, is that I just don't see the unity that should exist among veterans' organizations.

Chairman Montgomery said it correctly when he said you have an awful lot of friends in Washington. There is hardly a veterans' bill that gets defeated in the House of Representatives in any case, and I would say, in general, in the overall Congress. So the people there generally do care, but I don't think there is quite enough unity, as far as the veterans themselves are concerned in terms of banding together in a unified manner.

So I am glad to see this United Veterans Council. It is something that has been tried in my area and found wanting. This is mainly because of jealousies and bruised egoes and power structures, and the usual things that take place everywhere, but I don't think it should be true as far as the veterans go.

Basically, it comes down to help us to help you.

Thank you, and thank you, Mr. Chairman.

Mr. EDGAR. Lane Evans.

Mr. EVANS. Mr. Chairman, I wanted to thank you for the opportunity of coming to your district to hear some of the problems firsthand, and I appreciate the turnout of veterans here tonight. It is one of the biggest turnouts I think we have seen of any of the hearings that we have held throughout the country.

Thank you.

Mr. EDGAR. Ms. Kaptur.

Ms. KAPTUR. I want to thank the great people of the State of Pennsylvania for welcoming us who are from out of State. It was a very informative hearing, and I look forward to working with you for many months and years to come.

Thank you.

Mr. EDGAR. Dr. Rowland.

Dr. ROWLAND. Thank you. I will try to make this brief.

I want you to know how pleased I am to be here in the City of Brotherly Love. It is the first time I have been to Philadelphia, PA. I am particularly impressed with the veterans' organizations here that turned out and the strong testimony that has been given. I appreciated the opportunity to tour the facilities today and see just what is going on there.

The hearings are to discuss problems and to bring them out so we can talk about them and seek solutions to them. I am particularly concerned with the quality of care from a professional standpoint. I want to commend you for what I perceive to be good quality care under the circumstances that you are operating under here.

The intensive care unit arrangement you have there is almost an impossible situation to deal with. It's very difficult to give quality care under those circumstances. I see those people working real hard to do that.

My experience with the relationship—and this concerns me a good bit—to hear many veterans that are here tonight say they didn't like the relationship between the medical school and the hospital. It concerns me, because the relationship that I have known between medical schools and Veterans' Administration hospitals has been good.

The relationships of the Medical College of Georgia, and Emory in Decatur with VA hospitals, and over in Alabama, the relationship between the Morehouse School of Medicine and the Tuskegee Institute have all been outstanding. I think that that has been indicated by the research that has gone on in the cardiovascular area, and with hypertension. They are known internationally for that.

So something here is causing the veterans to perceive that they are not getting good quality care. That really concerns me. Is it because the doctors don't have the ability to diagnose and treat diseases, or is it something else that is causing the veterans to feel that they don't know how to do that?

There's a real problem here that needs to be addressed, and that is what this hearing is for, to bring that out, and to address that, so that everybody will understand and appreciate and be patient with what is going on.

So I just wanted to make those few brief comments about that, and thank the veterans for the strong testimony they gave in bringing this out in the open, try to find out what is taking place, address it, and get it resolved.

Thank you very much, Mr. Chairman.

Mr. EDGAR. Mr. Carr wants to respond to that.

Mr. CARR. I would like to respond briefly to that, because the situation is this: If the perception of the care is less than high quality, then it's as much of a problem as if it were true. It means it is something we have to pay attention to, something we have to respond to, if we want to take care of the problem.

I wanted to make a brief statement here, because as the regional director for 8 months, I have had the opportunity to travel the length and breadth of this region. I visited 28 medical centers in 7 months. I just finished the second visitation of three Pennsylvania hospitals, and I will be back visiting with Tom Williams here in the next 3 weeks. And I can tell you that there are perception

problems out there, but there is a lot of very good work done by a lot of dedicated people. And they are as concerned about the veteran patients as all of us here are. And we just have to get all in tune, and all on the same team, and we can do something about the problems here.

I know for a fact some very significant improvements have been made in Philadelphia, particularly over the last 3 years. There is an initiative that has been gaining here that may not be satisfactory to all that have beheld it so far, but it is one that we will not let drop. It is an initiative and an emphasis that has been started, and it is going to be carried through. That is one of the reasons Tom Williams is here as director of this medical center, and I can tell you and assure you that the region is going to support him in every respect to have the highest possible quality care provided to the Philadelphia hospital.

That is my statement to Dr. Rowland.

Mr. EDGAR. Thank you very much.

Mr. EDGAR. Let me conclude by doing just a couple of housekeeping things that are very important.

Let me introduce Mr. Melidosian, who has retired as the regional director of the VA, but also is a consultant to the VA. Mr. Melidosian and his wife are here. He testified before our committee on many occasions and has been a real help in directing many of our policies.

I would also like to ask unanimous consent to include an additional statement by Louise Watson, who was unable to testify today, but asked that her statement be made part of the record. Without objection, it will be.

[The information appears on p. 77.]

Mr. EDGAR. Let me make a final comment to you as administrators within the VA, and to you who are the veterans of Delaware County, PA. When I became chairman of the Hospitals and Health Care Subcommittee January a year and a half ago, I determined that we were going to light a fire under the VA to maintain the quality that was there, and to improve, so that the veterans' health care system does not fall backward but goes forward.

I think we have made a good start. We have educated ourselves by our travels and visits and our hands-on experience. We have learned a lot. We are troubled by some of the negative comments, and I can assure you that this subcommittee, and the Veterans' Affairs Committee, will continue to keep the heat on and make sure the quality of care stays constant.

But one of the things we found which really disturbs me—because I don't think everybody is cognizant of it—that in 1974, we spent *x* number of dollars on veterans' health care. In 1984 we spent *x* number of dollars on veterans' health care. In terms of actual dollars spent, calculated by inflation, we are spending about the same or less on veterans' health care in 1984 than we did in 1974, and yet we have added the mission of prisoners of war, the mission of atomic veterans, the mission of women veterans, and mission of Vietnam veterans. We have expanded the scope and breadth of the VA health care system.

One thing I discovered is that the first few years of that constancy of dollar commitment, they were able to cannibalize the system

in terms of waste, fraud and abuse, but many of the dollars that are now being expended are less than that necessary to provide care. Many of the staffing levels are below those needed to provide quality of care. Many of the hospitals, like the Philadelphia Veterans Hospital, fall far short because of spacing and size and shape. And that leads to lower morale, that leads to a great deal of frustration.

There has been a lot of frustration in the last few years about Government is the enemy. Well, for the veteran, Government has to be a partner. And we have got to make sure there is adequacy of funding, adequacy of facilities and equipment, adequacy of professional staff and equipment to handle the specific needs of veterans, and a recognition that health care costs have exceeded that of general cost of living.

That is an enormous problem for a government that has a $180 billion to $200 billion deficit. It is an enormous problem for our committee that already spends $8.1 billion in providing health care to veterans.

The veterans' budget is the third largest budget of any agency of the Federal Government. Only Social Security and the defense budget are higher than the $25 or $26 billion that we commit in the veterans' area. Our job is to make sure those dollars are spent wisely, that staffing requirements are met, and that we increase that quality of care.

We are going to need your help. We are going to go back to Washington and try to make an increase in dollars and an increase in staff and an increase in service. We need your help in a broad-based bipartisan/nonpartisan way, to make sure that we can get those adequate resources to provide the services that you need. I can assure you that the Veterans' Administration staff that is here will answer the questions raised at this hearing, and I can assure you that we, as Members of Congress, will go back to Washington educated by the kinds of comments that you have presented.

Thank you for your help.

Let me ask you each to give a round of applause to the VA committee staff, the veterans' hospital staff, the regional staff, who have made this hearing possible today. Many of them are sitting here today.

Also let me ask you to give a round of applause to Jack McDonell, Rich Fuller from my staff, Barbara Daniel here, and Arlene Burnett who is here, and a number of other staff. Let's give them a round of applause. [Applause.]

This hearing is now adjourned.

[Whereupon, at 10:50 p.m., the subcommittee was adjourned.]

APPENDIX

STATEMENT OF DENNIS A. JOYNER, NATIONAL COMMANDER, DISABLED AMERICAN VETERANS

Mr. Chairman and members of the subcommittee, on behalf of the 881,000 members of the Disabled American Veterans—especially those of our membership who reside in the great state of Pennsylvania—may I say that I appreciate the opportunity to address you this evening on matters relating to the quality and extent of Veterans Administration health care benefits and services for veterans of Southeastern Pennsylvania.

Initially, Mr. Chairman, may I commend you and the members of the subcommittee for the excellent job you have done with respect to your oversight and legislative responsibilities on VA health care during the first and second sessions of the 98th Congress.

During the past two years, you have conducted numerous hearings—both in Washington, DC and throughout the country—on a variety of issues which have resulted in meaningful improvements in veterans' health care. The Veterans' Health Care Amendments Act of 1983, enacted in the fall of last year, and the current health care legislation presently moving through the Congress are concrete examples of this subcommittee's intent to provide quality health care to our nation's veteran population.

As you are aware, Mr. Chairman, given the fact that our organization is composed of veterans who have incurred a service related disability during wartime military service in our nation's armed forces, the DAV has a keen interest in the quality and extent of health care benefits and services offered by the Veterans Administration.

As indicated above, this subcommittee and the full Veterans Affairs Committee has time and again reaffirmed our nation's health care commitment to its veteran population by initiating and guiding through the Congress legislation that has addressed the health care needs of all veterans, as well as particular categories of veterans including: veterans of World War I, those suffering from severely disabling service-connected conditions, former prisoners-of-war, atomic veterans, and Vietnam Era veterans suffering from post-traumatic stress disorders and conditions which might possibly be related to exposure to Agent Orange and other types of herbicides and defoliants.

Recently, the attention of the Congress, the Veterans Administration itself and those of us active in the veterans' community has been directed to the present and future health care requirements of our "aging" veteran population.

We all are aware that the demand for health care services by older veterans will grow dramatically in the future and, I should stress, that this challenge that older veterans present to the VA health care system does not lie in the somewhat distant future. If not here with us now, it is just around the corner.

By 1990—just five and one half years from now—the number of veterans in this country over age 65 will have more than doubled—from the present three million to over seven million. Put in a more dramatic fashion, by 1990, over one half of the male population in this country over age 65 will be veterans.

Yes, Mr. Chairman, serious problems and challenges do face our system of VA health care. Unfortunately, we do not have to look to the future to see what an increased and growing demand for health care services can do to the system. This point is more than brought home by a recent VA study which indicated that, nationwide, the VA is presently turning away eligible veteran applicants for both inpatient and outpatient care at a rate of more than 250,000 veterans per year.

The present experience of the Philadelphia VA Medical Center is typical of situations that exist throughout the country.

Mr. Chairman, in Philadelphia and surrounding counties, there are approximately 500,000 veterans. This figure does not include veterans from southern New Jersey

and Delaware who fall within the Philadelphia VA Medical Center catchment responsibility.

The VA has identified Philadelphia as one of three hospitals in the country which have the most "problems" with respect to overcrowding and delivery fo care. Currently at the Philadelphia hospital site, over 169,000 outpatients are treated per year—in a facility that was designed for less than 20,000 such visits annually. By the year 1990, the VA has estimated that 215,000 outpatients visits will be scheduled each year at the hospital. This sobering data, combined with the case load of visits to the ambulatory care center, will create a total of approximately 318,000 outpatient visits to the Philadelphia Medical Center.

Mr. Chairman I am forced to ask if existing facilities can withstand such a case load. The present hospital is now 30 years old and is the only VA medical center serving the health care needs of veterans in the metropolitan area of Philadelphia—which ranks fourth in the nation in terms of population. How many other major metropolitan areas in this country have more than one VA hospital? Also, Mr. Chairman, it is important to note that the Philadelphia VA Medical Center is the only VA facility in the commonwealth of Pennsylvania that has no nursing care beds whatsoever.

Mr. Chairman, as National Commander of the DAV—as a Pennsylvania veterans—I must state my concern for the increasing number of veterans in this area who are now, or who soon will be, in jeopardy of being unable to access into the system for the care that they need and to which they are eligible.

In my opinion, Southeastern Pennsylvania is deserving of increased health care resources including a greater outpatient care capacity and increased numbers of both surgical and extended care, nursing home beds.

I urge the support of the subcommittee in securing these much needed resources.

Mr. Chairman, this completes my statement. Again, I wish to express my appreciation for giving me the opportunity to address the subcommittee here this evening. I would be pleased to respond to any specific questions that yuo may have.

STATEMENT OF SENATOR CLARENCE D. BELL, NINTH SENATORIAL DISTRICT, VICE-CHAIRMAN, SENATE MILITARY AFFAIRS AND VETERANS' AFFAIRS COMMITTEE

My name is Clarence Bell, the State Senator for the Ninth Pennsylvania District which contains approximately one-quarter million people. I am speaking as an individual Senator and as the Vice Chairman of the Senate Military and Veterans Affairs Committee of Pennsylvania. I am also speaking as a Veteran, and I'm also speaking as an Army Retiree, having worn the uniform for 42 years on active service and in the Army Reserve and Army National Guard. I have also held the office of National Chairman, Army Affairs Committee of the Reserve Officers Association and Pennsylvania President of the Reserve Officers Association.

I address the need for Federal funding as matching money for the construction of an Armed Forces Home for Eastern Pennsylvania.

At the present, the Commonwealth of Pennsylvania maintains two retirement homes in the nature of nursing homes for Veterans of the Armed Forces. Although they are called the Soldiers and Sailors Homes, this is a historical name and such homes serve veterans of all the veterans of all the armed forces of the United States. The two homes are located in the extreme Northwest section of Pennsylvania at Erie and in Central Pennsylvania, at Holidaysburg. The Commonwealth seeks to establish a third home in Southeastern Pennsylvania to service a population of approximately 5 million people.

Governor Thornburgh has appointed a Task Force, of which I was a member to recommend possible sites for such home in the five southeastern counties of Pennsylvania. The Site Commission has reported and recommended five potential sites as directed by the Governor. The Governor will shortly designate one of these sites. Federal matching funds is required for the construction or the reconstruction of existing facility to provide the veterans of Eastern Pennsylvania such a facility.

Congressman Edgar has been most cooperative with the Commonwealth authorities and has evidenced his support for such a home.

In my other capacity, as one who has served over four decades in the Armed Forces and commanded Reserve and National Guard units from Pennsylvania and Louisiana, I strongly urge that the Congress of the United States expand the Veterans Administration facilities for the aging veteran population of Southeastern Pennsylvania.

Pennsylvania historically has provided more than its share of the armed forces. As a result, Pennsylvania today has more than its share of veterans in great need of Veterans Administration Housing, and Nursing Homes facilities.

I thank the Chairman, Congressman Montgomery, who has had an outstanding military career and has for decades supported the military force of the United States and its veterans. I thank the other members of Congress who have shown their interest in Pennsylvania and Congressman Edgar for arranging this hearing.

THE ADJUTANT GENERAL OF PENNSYLVANIA,
DEPARTMENT OF MILITARY AFFAIRS,
Annville, PA, July 6, 1984.

Hon. ROBERT EDGAR,
Chairman, Subcommittee on Hospitals and Health Care, Committee on Veterans' Affairs, House of Representatives, Cannon House Office Building, Washington, DC.

DEAR CONGRESSMAN EDGAR: Thank you very much for your kind invitation to attend the formal public hearing of the Subcommittee on Hospitals and Health Care of the House Committee on Veterans' Affairs to be held July 12, 1984 in Springfield, Pennsylvania. I hope to be able to attend this important hearing; in any event, representatives of my Bureau for Veterans Affairs will be in attendance.

I understand from your letter of invitation that your Subcommittee has completed a full agenda of witnesses representing a variety of veterans groups and that, therefore, you are not expecting me or my staff to present testimony at this hearing. We will, of course, be pleased to answer questions from the members of your Subcommittee and your staff.

I have attached an information sheet concerning the needs of veterans for nursing and domiciliary care in the Southeastern Pennsylvania region. As you know, plans to establish Pennsylvania's third state veterans' home, which will be located in the five county region, are going forward. The Governor's Southeastern Pennsylvania Veterans' Home Site Selection Advisory Committee has narrowed the list of possible sites for a state veterans' home in these counties, and our consultant is currently analyzing the sites remaining under consideration.

We believe the state and federal governments are vital partners in providing quality domiciliary and nursing care to our veterans. The state veterans' homes program depends on federal support. We appreciate your outstanding efforts to provide this support, and we are sure that you and your Subcommittee recognize that the state veterans' homes program is a cost effective means to provide essential services to our veterans who need such care. Although I understand the principal focus of your hearing will be on programs administered directly by the United States Veterans Administration, I am sure that we all recognize and support the important role of state government in serving our veterans.

Thank you again for your invitation. You may incorporate this correspondence into the record of your hearing. Please extend my particular welcome to Congressman G. V. (Sonny) Montgomery who has been a longtime supporter not only of veterans' programs but also of the Department of Defense and the National Guard.

Sincerely,

RICHARD M. SCOTT,
Major General (PA), the Adjutant General.

Attachment.

INFORMATION SHEET

The Pennsylvania Department of Military Affairs is charged with the administration of several programs for the benefit of Pennsylvania's veterans, their spouses and their children. The Department carries out its important responsibilities for veterans' programs through its Bureau for Veterans' Affairs. Pennsylvania has two state veterans' homes in operation, and plans for a third home (to be located in Southeastern Pennsylvania) are currently going forward.

The Commonwealth is concerned with the current and future veterans nursing home bed shortage. Supportive statistical evidence concerning veterans who need nursing home care reveals that the national average for veterans placement in VA sponsored nursing home care facilities has been 35 percent. An additional 39 percent are placed in VA contract nursing homes and 26 percent are placed in a state operated home.

The total Pennsylvania veteran population as of March 1983 was 1,593,000 of which 96.5% was male and 3.5% was female. 1,012,500 veterans reside in Eastern Pennsylvania. Of that number, 478,309 reside in Southeastern Pennsylvania. South-

eastern Pennsylvania is comprised of Philadelphia, Bucks, Delaware, Chester and Montgomery Counties.

The nursing care need in Southeastern Pennsylvania can be viewed in terms of immediate need and future need. The future need can be viewed as short-term (10 years) and long-term (through 2003). In the immediate category there are 239,352 veterans between the ages of 55 and 64. In the short-term category, we project that 155,579 veterans will reach 65 years of age in the next ten years.

In the long-term future category we project that a minimum of 144,483 veterans will be 65 or more years of age by 2003. The data indicates a relative stable need over the next 20 years.

In order to meet the projected needs for nursing and domiciliary care of Pennsylvania veterans in the Southeastern part of the Commonwealth, Governor Dick Thornburgh has appointed a Southeastern Pennsylvania Veterans' Home Site Selection Advisory Committee. This Committee, ably chaired by State American Legion Adjutant Edward Hoak, has considered and visited several candidate sites for a new veterans' home. The Site Selection Advisory Committee has identified five potential sites for the Home, and these sites are being analyzed in detail by the consultant.

The Pennsylvania Veterans' Home program administered by the Department of Military Affairs epitomizes the strong partnership between the state and federal governments in providing service to our veterans. With the continuing support of the federal government, this program can and will be an important element, together with programs administered directly by the United States Veterans Administration, in providing health care services to our deserving veterans.

TABLE 1.—*Pennsylvania veteran population (March 1983)*

Total	1,593,000
Male (96.5 percent)	1,537,500
Female (3.5 percent)	55,500

TABLE 2.—*Veteran population in eastern Pennsylvania (March 1983)*

Total (63.6)	1,012,500
Male	977,062
Female	35,438

TABLE 3.—*Veteran population in southeastern Pennsylvania* [1] *(March 1983)*

Total (30 percent)	478,309
Male	461,568
Female	16,741

[1] Comprised of Philadelphia, Bucks, Delaware, Chester, and Montgomery counties.

TABLE 4.—*Need in eastern Pennsylvania*

Immediate—age 55–64:	
Total	438,375
Male	423,031
Female	15,344
Future—age 65 in next 10 years:	
Total	284,944
Male	274,970
Female	9,974

TABLE 5.—*Need in southeastern Pennsylvania*

Immediate—age 55–64:	
Total	239,352
Male	230,974
Female	8,388
Future—age 65 in next 10 years:	
Total	[1] 155,579
Male	150,133
Female	5,446

[1] Five Percent, 7,778 may require institutionalization; 2,022 may request assistance in State homes.

STATEMENT OF HON. JOHN F. CORDISCO, CHAIRMAN, MILITARY AND VETERANS' AFFAIRS COMMITTEE, SUBCOMMITTEE ON VETERANS' HEALTH CARE, PENNSYLVANIA HOUSE OF REPRESENTATIVES, HARRISBURG, PA

Mr. Chairman, members of the Subcommittee on Hospitals and Health Care, Committee on Veterans' Affairs, and members of the U.S. House of Representatives, and to you, Chairman Montgomery, special greetings from the General Assembly of Pennsylvania for your highly regarded efforts on behalf of all our Nation's veterans and their families. We are honored to have you visit our Commonwealth and hope that the information you receive at this hearing will enable you to ensure that the health care needs of Pennsylvania's veterans receive full consideration by the Congress of the United States.

Prior to my reviewing the status of the proposal to establish a third State veteran's home in southeastern Pennsylvania, I would like to take this opportunity to apprise the committee of recent actions taken by the Pennsylvania House of Representatives to provide for the health care needs of our veterans.

When I appeared before this committee in April 1983 in Pittsburgh, the subcommittee I chair was designated as the Subcommittee on Veterans' Homes. I, along with a number of my colleagues, have felt that the focus of the subcommittee was restrictive when taken into context with the overall health care issue.

As a result of this concern the House unanimously adopted House Resolution 247 which changed the name of the subcommittee to the Subcommittee on Veterans' Health Care and assigned additional responsibilities to the subcommittee.

This subcommittee is now responsible for reviewing all legislative proposals pertaining to the subject of health care needs of the Commonwealth's veterans, to include studying and developing plans for the establishment of additional veterans' homes, and coordinating its efforts with the appropriate committees of the Congress of the United States and all other Federal and State agencies directly involved in providing health care services for the veterans of the Commonwealth as well as assisting the veterans' community in achieving these objectives.

Questions may arise over the motives behind such an expansion of the responsibilities of this subcommittee. In response I would state that a number of major issues pertaining to the overall health care of Pennsylvania's veterans prompted it. One—enactment of legislation which I sponsored to create the Pennsylvania Vietnam Herbicides Information Commission. Subsequently, I was appointed as a member of this Commission by the Speaker of the House. Through participation as a member of the Commission, I realized that the Commission and its activities needed both legislative support and oversight. In fact, a major difficulty arose when the Commission attempted to contact Vietnam veterans to apprise them of the Commission and how it could assist them.

The Commission was initially provided with the names of 196,000 Vietnam veterans who were compensated through our Vietnam bonus program. Recognizing that the conflict ended in 1972, the Commission attempted a sample mailing to 1000 veterans on the bonus list and received a 10 percent response. Over 44 percent of the questionnaires were returned by the U.S. Postal Service for a variety of reasons—mostly bad addresses. In order to overcome this communication problem, Commission staff attempted to verify addresses through a social security number match with the State income tax tapes maintained by the Revenue Department. You may recognize what the response was—sorry, Privacy Act information.

To overcome this problem, I was able to amend legislation extending the life of the Commission, and I must add with the full support of the Governor, which will permit the Department of Revenue to assist the Commission in communicating information to these veterans on the epidemiological or other studies relating to herbicide exposure. I have brought some material on the Commission that you may find of interest in your own discussions of the herbicide issue.

The other issue was the establishment of the Commission to provide recommendations to the Governor for the location of a third veterans' home. We wanted to ensure that any proposal to site this facility would receive full legislative review by the appropriate House committee. This will now take place.

And, finally, Mr. Chairman, I wanted to ensure that your committee and the veterans community was kept apprised of the planning for this facility as well as updating you on the status of oour other two homes. I firmly believe that if we are to ever arrive at a solution to the escalating health care costs for our veterans it will only be accomplished through cooperation between the various State legislatures and the Congress of the United States. I am fully aware of your concerns in this area, and, in particular, the costs associated with the aging veteran.

The States have the ability and willingness to assist the Federal Government in this regard through the State homes program—one Federal program that should receive an infusion of additional funds. We are aware of the efforts of Chairman Montgomery to secure additional funding for the forthcoming fiscal year, but this increase will just assist in reducing a $90 million backlog. The funds to complete our Hollidaysburg Veterans Home project are not forecast to be available until 1986—ten years after the State established this facility and requested the Federal monies. I fully realize that, even if the commonwealth were to submit application today for funding of the third home, it will be at least five or six years before this facility would be available.

Hopefully, action will be taken by your committee to consider expansion of the State homes program, especially increasing the $18 million annual construction appropriation to a realistic level, because if you do not, many States may become unwilling to consider entry into the program or consider expansion of their present facilities to assist in alleviating this national problem.

The current budget for our State homes program is $16.2 million, of which $10.8 million is State, $2.3 million Federal, and $3.1 million resident fees, including aid and attendance benefits. This represents a 26 percent increase in Federal funding, however, it is still only 14 percent of the overall operating budget. I am fully aware, Mr. Chairman, of yours and Chairman Montgomery's efforts in effecting the enactment of P.L. 98–160 which increased the Federal per diem rates to their current levels. I shudder to reflect where we would be today without the most recent increase. I would caution you, however, that costs are escalating and these rates must be adjusted more often.

Further, consideration should be given to establishing a per diem rate for a third level of care, called intensive personal care. This level would be between the domiciliary and nursing care rates. We have found that this level of care has freed up needed nursing care beds. Hopefully, you will consider this suggestion as worthy of consideration.

Mr. Chairman, I would now like to focus my testimony on the status of the planning for a southeastern Pennsylvania veterans home—the principal reason for my appearance here this evening.

When Governor Thornburgh appointed the site selection committee, the committee was provided with a listing of 26 possible sites for this home. Also at this time, the planning was for a 300-bed facility. After the first meeting of the Commission, and a review of the statistical data on the potential requirements to support the veterans population in southeast Pennsylvania, it is determined that a 600-bed facility was required.

The 26 possible sites have been reduced to 5: Fair Acres, Delaware County, all new construction; Eastern State School and Hospital, Bucks County, conversion of existing facility with possible additional construction; Norristown State Hospital, Montgomery County, all new construction; Pennhurst Center, Chester County, conversion of existing facility with possible additional new construction; land in vicinity of Philadelphia, State Hospital, northeast Philadelphia, all new construction. These sites are presently being evaluated by the Commission's consultant with a report and recommendations due on or about July 15. Subsequently, the Governor will submit his recommendations to the general assembly for legislative consideration.

In my personal opinion, the most suitable location for this home is northeast Philadelphia. It is readily accessible via the Pennsylvania Turnpike and Interstate 95; is served by public transportation and is the closest of the proposed sites to a Veterans' Administration hospital—a major point of consideration. To me, the construction costs of a new versus conversion of an existing facility are not a major economic consideration. New construction will provide for state of the art energy conservation and patient care methods thereby reducing operating costs. In addition, we would not have the payroll costs associated with conversion of a facility such as Pennhurst Center. We had a similar occurrence with the Hollidaysburg Home. Also, you never know what you are going to run into when you convert, and the VA is not always amenable to change orders. No matter which way we finally decide to go, construction costs for this facility will be in the neighborhood of $20 million with an operating budget of $25 million a year.

Mr. Chairman, you can be assured that wherever we finally site this home, it will be a model facility and the veterans and their families will know that Pennsylvania does "take care of its own."

Mr. Chairman, that completes my statement. I will be pleased to respond to any questions.

MAY 10, 1984.

Issue: Will the development of a 500 bed State Home impact upon the need for a 240 bed VA Nursing Home Care Unit?

1. Dramatic projected increase in the elderly veteran population in the Philadelphia Primary Service Area:

	1983	1990	1995	2000
Number of veterans more than 65 years old	84,980	157,170	183,630	188,670
Percent of total vet population	15	29	36	40
Percent increase in number of veterans more than 65 years from 1983		85	116	122

2. VA Central Office Methodology projects 6,594 nursing home beds will be needed by 1995 in the Philadelphia PSA. The VA plans to provide only 1,055 of those beds (a 16% market share). That need will increase to 1,292 by the year 2000.

3. The 240 beds planned for the Philadelphia VAMC leaves an 815 bed deficit.

4. This need would partially be met by a 500 bed State Home which would be serving veterans in Eastern Pennsylvania. Even if all 500 beds were provided to veterans in the Philadelphia PSA, the projected need would still not be met.

5. It is hoped that the community will be able to provide at least some of these nursing home beds. However, there have been difficulties in placing patients in community nursing homes in this area and this problem is expected to worsen. These problems include:

A general reluctance of Community Nursing Homes to accept VA patients.

A projected shortage of 1,598 Community Nursing Home beds in the Philadelphia Area by 1990.

Increased competition for those beds due to:

Increasing demand of non-veteran elderly population.

Medicare prospective pricing system which will give private sector hospitals incentives to reduce lengths of stay for elderly patients and utilize community nursing homes at substantially higher rates.

REMARKS BY FRANCIS E. DYER

Mr. Chairman, Honorable Members of the House of Representatives Veterans Affairs Committee, Fellow Veterans, Ladies and Gentlemen. My name is Francis E. Dyer. I am speaking to you as a representative of the Delaware County Veterans Council. I am the second vice commander of that council and the delegate of the Tri-State Chapter of the American Ex-Prisoners of War to that council. I am a past chapter commander of Tri-State Chapter of American Ex-Prisoners of War, current commander of Prisoner of War Memorial Post #5999 of the Veterans of Foreign Wars, Outgoing Commander of Chapter 19, Disabled American Veterans, and incoming junior Vice Commander, District 7, of the Veterans of Foreign Wars.

Seated with me are Mr. Zygmunt Korejwo and Mr. Richard Smith.

Mr. Korejwo is commander of the Delaware County Veterans Council, past commander of Chapter 99 Disabled American Veterans and represents that organization as its delegate to the Delaware County Veterans Council. He is also a member of the American Legion Green Ridge Memorial Post #926.

Mr. Smith is the representative of the Vietnam Veterans of America to the Delaware County Veterans Council.

We want to thank you for the opportunity to speak to the committee concerning the quality and quantity of health care for veterans in Southeast Pennsylvania. We sincerely hope that these proceedings are not being conducted for political expediency.

When the Veterans Administration Medical Center was first constructed right after World War II, access to the building was not a problem. Today we have many cases where, if you can get to the hospital, you have a difficult time finding a parking space. Then, when you get to the area to which you are to report, you may find that your records are not available, a physician is not available, space is not available and, in some instances, due to a problem in scheduling, you are not expected at that tome or even that date.

Some areas are extremely efficient, on the other hand. This is undoubtedly due to the conscientiousness and dedication of the clerical staff in contrast to the negative attitude of staff members in other areas. The attitude of some personnel is very similar to that of the service departments of some automobile dealerships after you have purchased a new car and you are trying to get service. We are entitled to certain inalienable rights under the constitution, and we wish to have life and pursuit of happiness. After having "paid our dues," these rights should not be denied us by an uncaring or disgruntled clerk.

The quality of the physicians, in some instances, is likewise excellent. On the other hand, I have seen a so-called doctor who didn't know how to use the Physicians Desk Reference to locate the proper medication that was going to be prescribed for a veteran. Another doctor had to explain how the book was utilized. A further discussion between the two then took place on what to do with the patient while they were waiting for the physician of record to return so that the prescription could be signed.

We have heard many times that Veterans Administration doctors are fully qualified. I believe we all have seen many instances as the one I have just described, and this leads us to believe, and I think properly feel, that we are getting second-rate care. These doctors have no concept of the problems of the veterans who were combat wounded, ex-prisoners of war, or those who had battle fatigue as compared to the non-service-connected patient whom they are treating who happens to be over age 65 and who is a veteran.

The physical plant has been outgrown and, as the average age of the veteran increases, the need for increased capacity will be severely felt. Additional facilities are required that can cope with the anticipated demand. The fact that veterans over age 65 are entitled to care in the Veterans Administration facilities will severely affect the quality and quantity of care that can be maintained for the service-connected disabled veteran. Just because the veteran with service connected disability is over 65 should not diminish his rights under the law to treatment only equal to those who happen to be 65 and have no service connected disability.

By the year 2000, two thirds of the U.S. males over age 65 will be veterans, according to John H. Mather, M.D., V.A. Assistant Chief Medical Director for Geriatrics and Extended Care. With all of these veterans eligible for V.A. care, what will happen to the service-connected veteran when there is no space in the V.A. facilities? What will happen to the priorities of the service-connected veteran? You will not be able to discharge the over-65 veteran to make space. The time is now to plan for this situation, not after the problem occurs.

With the introduction of the diagnosis-related group classification system, what will happen if the service connected veteran does not fit this DRG format? What if extra care or a longer stay which results in additional cost is necessary. These veterans should receive all the treatment that is necessary for their return to health.

We have veterans who are combat veterans and ex-prisoners of war who are in private nursing homes in this area because there are no facilities for them. Why should these men have to sign over their homes and savings when they should have V.A. care?

We believe that we have rights to the following:

1. Modern hospital facilities, including parking for the veteran out-patient as well as for visiting members of the hospitalized veteran's family.

2. Fully qualified physicians, not just persons holding an M.D. who are residents or interns or whatever you want to call them. We need physicians who can completely handle the veteran's problem without deferring to another physician to check their work.

3. Nursing care for the veteran who does not need hospitalization but who is not ready to return home or in some cases may have no home to return to.

Thank you for this opportunity to place our concerns before you.

Testimony of Charles F. Duld, Executive Director, Veterans' Advisory Commission, Philadelphia, PA

Chairman Edgar, distinguished members of this Committee, welcome to the Delaware Valley. I bring you greetings from the veteran population residing within the tri-state area that the present Veterans Administration Hospital, located in Philadelphia, is responsible in serving. A small segment of this veteran population are in attendance this evening.

We sincerely hope that upon conclusion of this hearing, the Committee will have a better, more realistic, and vivid view of the present health care needs of our veter-

ans. Present needs are only one area of concern. We must realize that our veterans are advancing to age levels subjecting them to increased medical, surgical, and psychiatric problems. Then, of course, we must take into consideration those veterans that have not reached that senior age level, but, unfortunately, are in need of medical, surgical, and psychiatric treatment. Couple the two classes of veterans together, and obviously this places strained demands on our existing Veterans Administration Medical Center. Projecting potential demands, in less than a decade, in comparison with present figures, will place insurmountable demands on an already antiquated facility.

As you know, our Veterans Administration Medical Center in Philadelphia is listed as the third worse facility in the nation. If steps are not taken immediately to combat the present, and especially the future demands of our veterans, they will have no alternative but to seek medical care through various welfare programs. To deny any construction appropriations, or to limit programs, or bed capacity, will seriously impair a total care medical program for all veterans, service connected, and non service connected. This in essence is a penny wise, and dollar foolish act on the part of the administration, for after all, the Federal Government will ultimately be paying for this medical service if the veteran must seek this care through a welfare program.

In fact, lady and gentlemen of this Committee, we do not have to wait for a decade, for in Philadelphia this problem exists right now. My office receives approximately two to three requests per month for nursing home care in behalf of a veteran. We go through the traditional, and oftimes, useless procedure of having the necessary request forms made out and submitted to Coatesville, the only Veterans Administration operated nursing care facility in close proximity to the Philadelphia area. The response is obvious, an indefinite waiting period. Upon receiving a like response from our State operated nursing home care facilities we must then consider a private nursing home. But, I ask you, what veteran can afford the $1500 to $2000 per month charge for admission to a private nursing home? We are then forced to take the alternative by having the veteran nursing home certified, and requesting the assistance of our Adult Servicing Division of the City's Department of Welfare to locate a private nursing home who will take the veteran under Medicade.

Allow me to quote some significant statistics.

Philadelphia has an overall population of 1,688,210. Of this number there are 240,000 residents over the age of sixty five, potential nursing home care applicants. Of this figure there are 85,000 veterans sixty five or older. Our Adult Service Division receives on an annual average 367 requests for nursing home placement under Medicade. Their batting average is approximately 220 placements annually. Unfortunately, we do not have any statistics as to the number of veterans within this 220 figure.

I, now, call to your attention the monthly status sheet, regarding our State Operated Nursing Homes, which you should have attached to this statement. As you can see each of these facilities provide three areas of care, nursing, personal care, and domiciliary care. I believe our area of concern is the numbers on the waiting list with 76 awaiting admission to the home in Erie, and 117 waiting for admission to Holidaysburg. This then gives us a grand total of 193 veterans waiting to be placed in State operated homes only.

Another serious area for consideration is those veterans that have been placed in contract nursing homes, by the Veterans Administration, and their six month stay is up. Where are these veterans to go? If the Social Worker cannot place them in a Medicade accepted facility, then they must be sent home. Sent home to be a hardship on their families and in most instances sent home to an aging ill wife to care for their needs. Gruesome as this may sound it is fact and it does exist.

A recounting of the aforementioned statistics by all indications, reveal an inadequate number of available nursing home care beds to service those, from the entire population, that cannot afford a private nursing home facility, not to mention the veteran that also falls into this category.

I am under the impression that the United States has devised a ludicrous formula in determining the bed needs in our Veteran Administration Medical facilities. The use of this formula has resulted in a 169 bed decrease in our existing Philadelphia center. This means that the original design concept for the expansion program reduces the bed capacity from 538 to 369.

Since the service connected disabled veteran has priority for health care this would totally eliminate health care for the non service connected disabled veteran. To eliminate any segment of the veteran Community is completely contrary to the

Congress' concept, and I quote, "To care for him who shall have borne the battle and for his widow and his orphan."

In addition, I understand that the Senate has seen fit to reduce the preliminary construction monies from the Presidents fiscal year '85 budget from 18.3 million dollars to 10.5 million dollars. This reduced appropriations upon completion of architectural studies, blue prints, working drawings, and traffic studies, may realize an insufficient amount left over to actually begin construction prior to December 31, 1986.

December 31, 1986, I must remind this Committee, is of prime concern to the City of Philadelphia. Through the good graces of the Philadelphia Administration, and especially City Council, the proposed construction site for the Veterans Administration Nursing Home was given free and clear to the Veterans Administration, via an act of legislation. An entire tract of 16 plus acres has been reserved for the Veterans Administration if in the event they would entertain any consideration for the construction of a new hospital. Twelve acres are specifically designated and reserved for the construction of a nursing home. I might add that this prime location has a worth tag of approximately one million dollars per acre. Since the Veterans Administration has indicated they will need only 4.5 acres for the nursing home, this means that the city of Philadelphia is saving the Federal Government four and one half million dollars. However, the ordinance reads that construction must commence prior to December 31, 1986, or the property reverts back to the City. As a City representative I can assure you that there are many City Agencies waiting in the wings to develop this property if in the event the Veterans Administration defaults on its commitment. In fact a consortium has been established with proposed expansion projects by the University of Pennsylvania Hospital, Childrens Hospital and other private agencies to develop this ground in conjunction with the Veterans Administration Nursing Home project. However, I can foresee a parking lot on the 4.5 acres if the Veterans Administration does not take advantage of the City's offer.

In conclusion, Committee Members, in behalf of all the veterans in the Delaware Valley, I cannot be more emphatic—we do not need a parking lot, we do need a nursing home. We do need a modern updated health care facility. We do need a modern updated Ambulatory Care Center.

I, also, wish to thank Congressman Edgar, his Committee members, and Congressman Montgomery, and his Committee for the overall support that our Philadelphia project has received.

Thank you for permitting me to testify today.

MONTH, May 1984

MONTHLY STATUS REPORT - VETERANS HOME

PENNSYLVANIA SOLDIERS' AND SAILORS' HOME

TYPE OF CARE	BEDS AUTHORIZED	BEDS ASSIGNED	BEDS VACANT	PERCENTAGE FILLED
Nursing Care	75	72	3	96
Domiciliary Care	100	61	39	61
TOTALS	175	133	42	76

TYPE OF CARE	NEW ADMISSIONS	DISCHARGES	WAITING LIST	APPLICATIONS IN PROCESS
Nursing Care	1	2	76	6
Domiciliary Care	3	2	0	7
TOTALS	4	4	76	18

HOLLIDAYSBURG VETERANS HOME

TYPE OF CARE	BEDS AUTHORIZED	BEDS ASSIGNED	BEDS VACANT	PERCENTAGE FILLED
Nursing Care	202	198	4	98
Personal Care	60	59	1	98
Domiciliary Care	119	117	2	98
TOTALS	381	374	7	98

TYPE OF CARE	NEW ADMISSIONS	DISCHARGES	WAITING LIST	APPLICATIONS IN PROCESS
Nursing Care	8	8	57	15
Personal Care	2	1	13	5
Domiciliary Care	4	5	47	13
TOTALS	14	14	117	33

RECAP - BOTH HOMES

TYPE OF CARE	BEDS AUTHORIZED	BEDS ASSIGNED	BEDS VACANT	PERCENTAGE FILLED
Nursing Care	277	270	7	97
Personal Care	60	59	1	98
Domiciliary Care	219	178	41	81
TOTALS	556	507	49	91

TYPE OF CARE	NEW ADMISSIONS	DISCHARGES	WAITING LIST	APPLICATIONS IN PROCESS
Nursing Care	9	10	133	21
Personal Care	2	1	13	5
Domiciliary Care	7	7	47	20
TOTALS	18	18	193	46

PENNSYLVANIA

VETERAN POPULATION BY COUNTY --- MARCH 31, 1983

COUNTY	TOTAL VETERANS	WAR VETERANS	VIETNAM ERA		KOREAN CONFLICT		WORLD WAR II	WORLD WAR I	POST-VIETNAM ERA	SERVICE BETWEEN KOREAN CONFLICT AND VIETNAM ERA ONLY	OTHER PEACETIME VETERANS
			TOTAL	NO SERVICE IN KOREAN CONFLICT	TOTAL	NO SERVICE IN WORLD WAR II					
TOTAL	1,593,000	1,320,000	389,000	373,000	279,000	237,000	694,000	17,000	74,000	177,000	23,000
ADAMS	8,030	6,600	2,360	2,200	1,330	1,090	3,270	40	380	910	130
ALLEGHENY	210,170	176,640	46,470	45,220	34,970	30,270	98,900	2,250	8,710	22,040	2,780
ARMSTRONG	10,910	9,080	2,620	2,520	1,850	1,670	4,800	90	390	1,270	170
BEAVER	30,220	25,290	7,040	6,890	5,640	4,880	13,260	260	1,260	3,280	390
BEDFORD	5,390	4,480	1,520	1,420	1,010	850	2,140	70	250	560	110
BERKS	43,010	35,690	9,930	9,490	7,870	6,660	18,980	550	1,700	4,920	700
BLAIR	18,870	15,750	4,590	4,320	3,380	2,730	8,430	280	880	1,970	280
BRADFORD	7,430	6,110	2,280	2,180	1,290	1,110	2,720	100	280	910	130
BUCKS	68,250	55,900	18,080	17,380	13,140	11,090	27,040	400	2,630	8,980	730
BUTLER	20,290	16,710	5,520	5,370	3,570	3,110	7,990	230	1,010	2,390	190
CAMBRIA	25,550	21,380	6,130	5,910	4,170	3,540	11,620	300	1,300	2,520	360
CAMERON	960	880	210	200	210	190	480	*	10	60	*
CARBON	8,120	6,710	1,900	1,810	1,370	1,180	3,660	60	410	900	100
CENTRE	11,990	9,620	3,850	3,670	2,100	1,780	4,100	80	910	1,350	110
CHESTER	42,550	34,340	11,500	10,950	7,860	6,530	16,460	400	1,750	5,920	540
CLARION	5,100	4,210	1,400	1,350	850	750	2,040	70	230	600	60
CLEARFIELD	10,630	9,030	2,830	2,730	1,810	1,570	4,610	130	380	1,110	120
CLINTON	5,370	4,400	1,260	1,200	1,000	850	2,290	60	370	520	80
COLUMBIA	7,800	6,550	1,960	1,870	1,360	1,140	3,450	100	400	770	90
CRAWFORD	11,440	9,220	3,070	2,960	1,870	1,620	4,520	110	550	1,580	170
CUMBERLAND	24,890	20,630	7,020	6,110	5,510	4,080	10,200	240	1,280	2,690	290
DAUPHIN	31,720	26,780	8,450	7,790	6,540	5,350	13,330	330	1,570	3,020	360
DELAWARE	78,010	65,560	17,290	16,780	13,540	11,140	36,680	970	3,520	8,070	860
ELK	5,430	4,510	1,340	1,270	910	800	2,390	50	240	580	90
ERIE	37,280	30,430	10,180	9,920	6,210	5,340	14,780	390	1,930	4,430	580
FAYETTE	21,710	18,360	5,440	5,180	3,840	3,280	9,630	280	1,100	1,820	420
FOREST	750	620	180	170	130	120	330	10	60	60	10
FRANKLIN	14,310	11,750	3,980	3,580	2,790	2,380	5,730	150	780	1,500	280
FULTON	1,440	1,130	400	370	260	230	540	20	70	200	20
GREENE	5,100	4,270	1,430	1,380	790	700	2,110	80	220	530	80

COUNTY	TOTAL VETERANS	WAR VETERANS	VIETNAM ERA		KOREAN CONFLICT		WORLD WAR II	WORLD WAR I	POST-VIETNAM ERA	SERVICE BETWEEN KOREAN CONFLICT AND VIETNAM ERA ONLY	OTHER PEACETIME VETERANS
			TOTAL	NO SERVICE IN KOREAN CONFLICT	TOTAL	NO SERVICE IN WORLD WAR II					
HUNTINGDON	5,470	4,430	1,530	1,440	1,000	860	2,080	50	350	610	90
INDIANA	10,580	8,570	3,100	2,930	1,710	1,540	4,010	100	610	1,270	120
JEFFERSON	6,140	5,010	1,610	1,530	1,000	870	2,510	100	240	760	130
JUNIATA	1,990	1,630	480	460	400	350	790	40	60	260	40
LACKAWANNA	32,570	27,080	6,620	6,290	5,470	4,610	15,900	280	1,360	3,670	460
LANCASTER	40,360	33,180	10,670	10,190	7,800	6,500	16,040	450	1,650	4,890	640
LAWRENCE	14,170	11,890	3,040	2,990	2,330	2,010	6,710	180	600	1,480	210
LEBANON	14,500	12,120	3,730	3,520	2,790	2,240	6,140	210	600	1,550	230
LEHIGH	39,010	32,180	9,930	9,560	7,170	6,050	16,160	410	1,550	4,690	590
LUZERNE	50,680	42,130	10,860	10,090	9,240	7,540	23,970	550	1,860	5,930	740
LYCOMING	15,880	13,040	3,940	3,790	2,850	2,300	6,750	200	800	1,830	210
MCKEAN	7,120	5,970	1,780	1,710	1,180	990	3,180	90	400	670	80
MERCER	16,610	13,730	4,030	3,920	2,880	2,450	7,180	180	810	1,860	220
MIFFLIN	5,820	4,710	1,330	1,270	1,050	820	2,560	50	360	690	70
MONROE	10,220	8,560	2,710	2,600	1,830	1,510	4,360	100	290	1,220	150
MONTGOMERY	90,090	75,060	19,940	19,170	16,310	13,740	41,050	1,110	3,130	11,110	790
MONTOUR	2,050	1,690	620	590	350	290	790	20	120	210	40
NORTHAMPTON	30,950	25,350	7,830	7,510	5,050	4,160	13,460	220	1,220	3,820	550
NORTHUMBERLAND	13,550	11,300	3,110	2,900	2,430	2,090	6,160	150	500	1,520	240
PERRY	4,350	3,700	1,460	1,380	760	670	1,610	40	170	430	60
PHILADELPHIA	199,400	162,630	46,780	45,450	32,380	28,030	86,770	2,370	13,510	19,390	3,870
PIKE	3,880	2,570	620	570	500	420	1,540	40	80	360	70
POTTER	2,110	1,730	530	530	350	310	860	30	110	230	40
SCHUYLKILL	23,930	20,050	4,970	4,670	4,160	3,490	11,730	190	830	2,730	300
SNYDER	3,360	2,690	920	870	640	560	1,230	40	170	440	50
SOMERSET	10,100	8,410	2,710	2,590	1,670	1,470	4,240	110	400	1,110	170
SULLIVAN	790	620	170	160	120	100	360	10	20	120	30
SUSQUEHANNA	4,840	3,820	1,400	1,340	750	610	1,820	50	230	710	80
TIOGA	5,020	4,010	1,340	1,270	900	770	1,940	30	290	650	70
UNION	4,010	3,280	1,190	1,120	740	630	1,460	70	230	470	20

PENNSYLVANIA

VETERAN POPULATION BY COUNTY --- MARCH 31, 1983

COUNTY	TOTAL VETERANS	WAR VETERANS	VIETNAM ERA		KOREAN CONFLICT		WORLD WAR II	WORLD WAR I	POST-VIETNAM ERA	SERVICE BETWEEN KOREAN CONFLICT AND VIETNAM ERA ONLY	OTHER PEACETIME VETERANS
			TOTAL	NO SERVICE IN KOREAN CONFLICT	TOTAL	NO SERVICE IN WORLD WAR II					
VENANGO	8,580	7,110	2,450	2,360	1,480	1,310	3,350	90	410	910	150
WARREN	6,900	5,680	2,020	1,970	1,250	1,070	2,560	80	310	800	110
WASHINGTON	30,880	25,900	7,230	7,020	5,310	4,710	13,860	310	1,240	3,280	470
WAYNE	4,650	3,760	1,190	1,120	790	680	1,890	60	200	620	80
WESTMORELAND	56,360	47,180	13,560	13,080	9,930	8,740	24,820	460	2,100	6,380	790
WYOMING	3,430	2,860	1,230	1,200	460	410	1,220	40	160	380	30
YORK	41,260	33,940	11,920	11,460	7,050	5,990	16,110	380	2,890	4,710	520

NOTE: DETAIL MAY NOT ADD TO TOTAL SHOWN DUE TO ROUNDING. "OTHER PEACETIME VETERANS" IS COMPRISED OF THOSE WHO SERVED ONLY BETWEEN WORLD WAR I AND WORLD WAR II, AND THOSE WHO SERVED ONLY BETWEEN WORLD WAR II AND THE KOREAN CONFLICT.

* LESS THAN 5. ** LESS THAN 500.

PENNSYLVANIA VETERANS POPULATION BY COUNTY

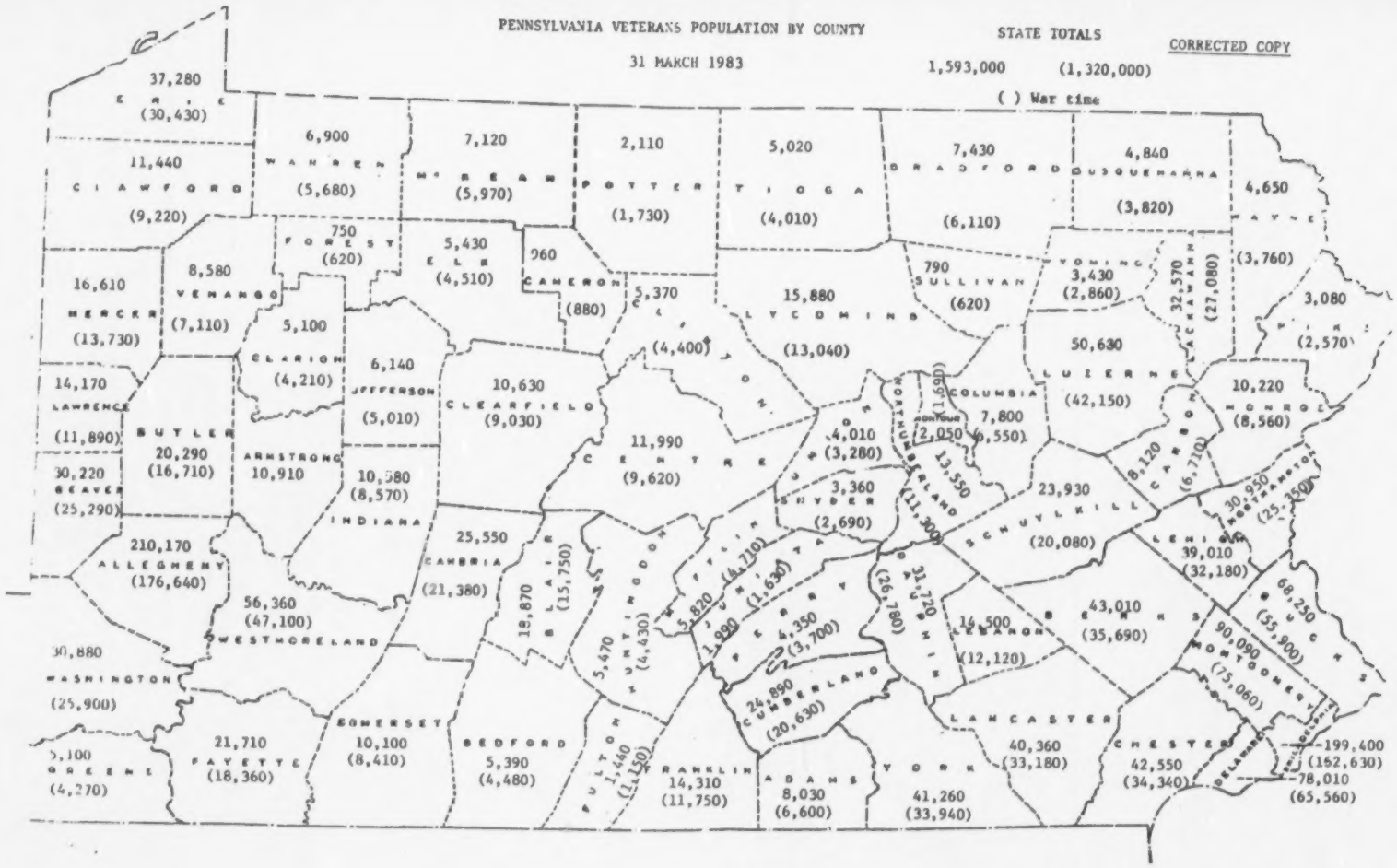
31 MARCH 1983

STATE TOTALS

1,593,000 (1,320,000)

CORRECTED COPY

( ) War time



Additional Information Regarding Veterans Population in the State of Pennsylvania

I must apologize to this Committee for not having this additional information contained in my prepared testimony but, unfortunately, I did not receive it until after submission of my testimony.

Since we are in the area of discussing numbers, statistics, regarding the veteran population residing in the State of Pennsylvania is extremely germaine to our cause and must be considered in establishing any priorities regarding Veterans Administration Health Care in our area. These statistics have been compiled by the Pennsylvania State Department of Veterans Affairs, Fort Indiantown Gap.

I call to your attention that there are 1,593,000 veterans residing in Pennsylvania with 199,400 residing in Philadelphia, alone. If we add to this figure those veterans from surrounding Counties, South Jersey, and Delaware, we probably have 1,000,000 veterans that are eligible for treatment at the Philadelphia Veterans Administration Medical Center.

In September 1979, 16.2 of total veterans in Pennsylvania resided in Philadelphia. In March of 1982 we had an increase to 16.3, however, in March 1983, we had a significant decrease to 12.5. We must consider that a number of our veterans reached retirement age, and perhaps moved to retirement areas. By no means did we have any mass exodus of veterans leaving Philadelphia. We then can only conclude that a greater percentage of these veterans are deceased. I wonder just how many of these veterans were in nursing homes prior to their demise, but I really wonder how many were unable to obtain admission to a nursing home.

Thank you, now I will continue on with my original testimony.

Statement of Ira A. Poliakoff, Commander, Philadelphia County Council

Hon. Mr. Edgar: On behalf of the thousands of Jewish war veterans in the Philadelphia area, I implore your committee to see to it that the allocation for the new VA hospital facility in Philadelphia be reinstated.

I remember a story President Reagan related about having had nightmares as a small child about the Kaiser walking down main street in his home town. It was through the sacrificies made by American veterans that this nightmare never became a reality to President Reagan or anyone else in this great nation. It has been the policy of this administration to encourage and imbue people with patriotism. How can we encourage patriotism and all the sacrifices connected therewith without being willing to assist those who made the sacrificies.

Mr. Edgar, I urge you and your fellow committee members to do all in your power to have this allocation reinstated. If a compromise with the Senate is absolutely needed may I suggest reducing hospital benefits to peacetime veterans so that those who have sacrificed will always be taken care of.

Statement of John B. Lavender, President, Vietnam Veterans of America, Inc., Chapter 67, Delaware County, PA

POST-TRAUMATIC STRESS DISORDER AND VETERANS READJUSTMENT COUNSELING PROGRAMS

Mr. Chairman and Members of the Committee, I am honored to be here this evening to present the views of VVA Chapter 67 on the comprehensive treatment for Vietnam Veterans who are suffering from Post Traumatic Stress Disorder, and on the Veterans' Re-adjustment Counseling Programs.

As you already know, Vietnam Veterans of America (VVA), through its National Leadership, has a long history of supporting the Vet Center Program, and since its inception in 1979, we have continued to support this program. We of Chapter 67 would like to commend the Chairman, the members of the sub-committee, and the full committee for all your hard work toward the recent extension and expansion of this initial program.

Now that the program's future has been assured for the next four years, and the authority granted to the VA to re-program up to $7.2 million of the $11.2 million contract fee monies into an expansion of the Vet Center system, I would like to focus attention on what we feel are the needs of the Vietnam Veterans here in Delaware County and all of Southeastern Pennsylvania.

We firmly believe that, given the extraordinary workload of the existing Vet Centers, there is a definite need to expand and enhance the program. It is estimated by

many researchers that upwards of 700,000 individuals nationwide will have need of Vet Center services. Since the Vet Centers to-date have seen approximately 226,000 veterans, it is clear that we have a long way to go.

Here is Delaware County, we have an estimated 11,000 Vietnam Veterans. Unfortunately, there is no way of estimating how many of these veterans need the services of a Vet Center. As an organization of Vietnam Veterans, we are constantly in contact with veterans who need these services. Working with these veterans, I have observed two important faults of the program, as it presently exists.

1. The closest Vet Center to our county is on Arch Street in Philadelphia. This center is well managed and is providing outstanding services to those veterans who travel to it. However, Philadelphia is NOT Delaware County. Most individuals who live here strongly resist traveling into Philadelphia to find services they need. To a veteran who suffers from Post Traumatic Stress Disorder, this is one more difficulty which he or she feels they do not need.

We are grateful to have a Vet Center Counselor in Clifton Heights one evening a week. His professionalism has given confidence to many a first-timer attending our rap sessions. The newcomer is convinced that he will receive proper help if he makes the trip into the city. These individuals are not only suffering from PTSD, but also have a deep-rooted distrust for most government agencies.

This rap group has not seen the success that it could have, due to the low amount of publicity it receives. Notices are put in the local newspapers frequently, but since we are an organization, our notices get placed in the club and social calendar section, where few, if any, veterans even glance. We need more public service announcements on TV and radio.

2. We have to somehow find a method to educate, not only the veteran and his family, but the general public as well, that PTSD is not something to be ashamed of. I frequently speak to veterans who are obviously suffering from PTSD and out of fear of being characterized as someone with mental deficiencies, they choose to go on suffering their nightmares and flashback, and keep on suppressing their war time experiences.

We of VVA Chapter 67 strongly believe that these problems could be corrected by opening a Vet Center or even a satellite center here in Delaware County. With proper publicity this center could then serve our community well. Veterans would no longer have to leave familiar surroundings and travel into a strange environment. It would also be convenient for the veteran to drop in and acquaint himself with the program without his family and/or friends knowing about his self-doubts or indecisions in seeking help. Once he has been exposed to the relaxed atmosphere of the Vet Center Program, he will be able to help himself.

With all respect to the recent expansion authorization of the Vet Center Program, Mr. Chairman, VVA 67 views this as a very important first step. However, given the relatively short lifespan of the Vet Center Program, VVA 67 urges this committee to re-examine the proposal to substantially increase the number of beds and the total number of PTSD units.

The need for in-patient facilities in Southeastern Pennsylvania, that are designed, equipped and staffed to professionally address the needs of veterans suffering from Post Traumatic Stress Disorder, has long been apparent.

I repeatedly hear horror stories about veterans being turned away or being placed in either alcohol or mental wards, which are not programmed to deal with PTSD. The PSTD unit at Coatesville VA Hospital is overburdened and desperately needs to be expanded. Nationwide, as of July 1, there are only ten such units, with a total of only 300 beds.

Approximately 10% of the veterans who currently seek assistance from our Vet Centers are diagnosed to be in need of in-patient care. This conservatively amounts to more than 10,000 veterans in fiscal year 1984 alone, who are in need of such services. The average length of stay in such cases is 90 to 120 days. It is clear that the VA is unable to meet this need. To provide care to those 10,000 veterans needing care this year alone would require 2,500 beds.

In addition, there is the problem of the backlog of veterans identified as being in need of such care. I am told that the waiting list for Coatesville sometimes reaches six months. Nationally, there are as many as 20,000 veterans in this category.

We would further recommend, Mr. Chairman, that a number of these units should be permanent facilities, not subject to the September 30, 1988 expiration date. There is overwhelming evidence that PTSD is a consequence of life threatened, traumatic events. It is a consequence of combat and exposure to death and dying, whether that combat be at Anzio, Vietnam, Granada, Lebanon or elsewhere or the exposure be in graves registation or as medical personnel.

37-854 O - 84 - 2

We believe that now is the time to make an assessment and treatment of these unseen but very real wounds that exists in what may be a large number of the young veterans of both Granada and Lebanon, while treatment would be most effective and efficient; before these young lives are twisted, may be needlessly scored by wounds left untreated.

In closing, Mr. Chairman, I wish to note that at the end of World War II, 50% of the VA medical facilities had psychiatric units. The VA met head-on the psychological problems of the returning combat veteran, thus minimizing the long-term, lasting effects of combat.

Today, less than 12% of VA medical centers have these same units. Does not the tremendous service and sacrifice of the Vietnam Veteran deserve, at the very minimum, the same level of services afforded veterans of previous wars?

Let me assure you that the Vietnam Veterans in Southeastern Pennsylvania are honored and appreciative that you took the time to come here to hear of our needs. We feel that this Committee has a unique opportunity to move forward with a program that, in our opinion, is the best program the VA has implemented in years. Let this Committee send a long-awaited signal to the Vietnam Veterans of Delaware Valley that you really care and are responsive to their needs.

Thank you.

TESTIMONY ON THE HEALTH CARE DELIVERED TO THE VETERANS OF SOUTHEASTERN PENNSYLVANIA, PRESENTED BY JOHN W. FISHER, REGIONAL ADMINISTRATOR, EASTERN PARALYZED VETERANS ASSOCIATION

On behalf of the members of the Eastern Paraylzed Veterans Association, and especially the members residing in the Philadelphia metropolitan area, I would like to sincerely thank Congressman Edgar, Chairman Montgomery and the other Committee members who have been instrumental in attempting to have funding restored for the planned major construction project for the Philadelphia VA Medical Center.

The Philadelphia VA Medical Center has been identified as the third worst medical center in the VA system regarding space and function, with the patient treatment areas being the most seriously deficient areas. Yet, it is ranked as the 13th most complex of the 172 medical centers in the VA. It is also the only VA Medical Center serving the veterans' needs in the Philadelphia metropolitan area which ranks fourth in the nation in population. This area covers Eastern Pennsylvania, Southern New Jersey, and Delaware.

These deficiencies combined with the projected increase in demand that will be placed on the Philadelphia VAMC as we see the number of veterans over the age of 65 almost triple during the next decade make it absolutely imperative that the Philadelphia construction project be included in the projects to be funded in FY-1985.

Recent action by a House-Senate Conference Committee has left the door open to the VA to come up with a viable proposal for the Philadelphia VAMC for FY-1985. It is important that they include the Philadelphia project in their review to be submitted by September 1, 1984. Anymore delay in funding for the project would mean that the VA would lose the available land under the terms of Philadelphia City Council requirements. The city has donated 12 acres of land adjacent to the Philadelphia VAMC but placed a restriction on the gift stating that ownership of the land would return to the city if the VA had not proceeded with construction by December, 1986. It is therefore imperative that the VA review and resubmit its hospital construction projects by September 1, 1984, and include the Philadelphia VAMC project in the FY-1985 funding.

The veteran who has a spinal cord injury or disease is confronted with special problems when he attempts to obtain care at the Philadelphia VAMC. As soon as he arrives at the hospital, the difficulties begin with trying to find an accessible parking space. Parking has long been a problem not only at the medical center on University and Woodland Avenues, but also at the Ambulatory Care Center at Broad and Cherry Streets. Because there are only three (3) handicapped reserved parking places curbside to accommodate the large number of disabled veterans who use the clinic it is almost impossible to find an available parking space. The privilege of parking in a handicapped space is often abused by the non-disabled and enforcement is inconsistent. There are pay parking lots in the vicinity of the clinic but the cost is usually more than the amount the VA allows for parking. Also, the closest lot is one block away from the clinic and traveling this one block in a wheelchair can be very hazardous. There are an insufficient number of curb cuts and negotiating the traffic in this area, especially in the winter, can be very dangerous.

If a veteran disabled with a spinal cord injury or disease has to be admitted to the medical center it is often difficult to obtain the necessary specialized care needed by these veterans because the staff has not been fully trained in this specialty. There is a definite need for a curriculum of education specifically addressing the SCI veteran at all staff levels in the VAMC. An SCI veteran could encounter a life or death situation resulting from a staff worker's lack of knowledge of the special needs and problems of an SCI veteran.

Another problem area specifically confronted by a veteran with a SCI injury or disease is the lack of reasonable transportation to SCI Centers. The VAMC system has the best SCI Centers in the world, but we have problems getting the veteran to the center. The closest SCI Center to the Philadelphia area is East Orange, New Jersey, and often the veterans medical condition prevents him from driving or providing his own transportation. Immediate care is sometimes put off because of this problem which only exasperates his condition. By taking advantage of available military transportation in the area to transport these veterans to SCI Centers we would be accomplishing a three-fold purpose. First, the opportunity to transport these veterans would provide military personnel the necessary training in how to mobilize and take care of the SCI veteran. Second, this action would support the secondary mission of the VA by providing back up training and support for the military hospitals. Third, it accomplishes the main purpose and that is getting the veteran to the SCI in a safe, timely manner.

The Veterans Administration recently adopted several management initiatives aimed at improving the delivery of health care services. One of these being the diagnosis related group (DRG) Classification system. The DRG system is a classification scheme under which average duration of stay and average treatment costs are preestablished for certain conditions. The system is a means of measuring the length of stay patterns and the clinical practice of a facility. The problem with the DRG system as implemented is that it does not fit the mold of the Veterans Administration Health Care system. DRG is planned and based on the civilian sector. The Veterans Administration health care system is a total health care provider which treats the veteran as a whole whereas the civilian health care system is a diagnostic health care provider treating the parts of the patient and in turn charges for services in this same manner. For example, a veteran may enter a VA hospital for an appendectomy operation and under the DRG system he would be allocated a ten (10) day length of stay in the hospital. Because the VA system is an overall health care provider, the veteran would more than likely receive care for other problems requiring a hospital stay beyond the ten day allocated period. The VA would be funded only for the DRG classified ten day stay, and therefore funding would be inadequate. With the VA losing money through this system this will in turn translate itself into a decreased staff in the VAMC. Any decrease in staff in the VAMC would have a detrimental effect on the veteran, especially the spinal cord injured veteran, who also has to depend immensely on staff assistance. As of yet, there are no Diagnostic Related groups set up for spinal cord injury services. The VA has not come up with allocated costs due to the specialized care required for a SCI veteran. As it is, the DRG system is distorting the levels of care provided by the VA and is decreasing the quantity and quality of care provided to the veteran.

The DRG system is also in direct conflict with another planning process used by the VA named Medical District Initiated Planning Program [MEDIPP]. This is a plan of health care delivery and resource allocation based on local need. In essence, it should be either system or a combination of both or the veteran loses.

I would like to say that the great majority of the staff at the Philadelphia VAMC is very considerate and helpful. They are doing their best work with limited resources and limited space. The E.P.V.A. sincerely thanks those workers who go out of their way to care for the veterans of the Philadelphia area.

In conclusion I want to thank Chairman Edgar and Chairman Montgomery and the other members of the committee for the time, talent and energy which you have all brought to bear upon veteran issues not only in the Philadelphia area, but nationwide. I appreciate this opportunity to testify on behalf to the members of the Eastern Paralyzed Veterans Association.

STATEMENT OF MR. R. T. WILLIAMS, DIRECTOR, VAMC PHILADELPHIA, TO THE HOUSE VETERANS' AFFAIRS COMMITTEE

Mr. Chairman and Members of the Committee, I would like to thank you for this opportunity to address several of the more significant issues, including those concerning quality and quantity in the provision of health care services to veterans in

Southeastern Pennsylvania and, in particular, to those veterans residing in the greater Philadelphia area.

First, I would like to tell you something about our Medical Center. Approximately 700,000 veterans reside in Philadelphia's primary service area: Bucks, Delaware, Montgomery and Philadelphia counties in Pennsylvania, and Burlington, Camden and Gloucester counties in New Jersey. Over 60% of our patients live within the city limits of Philadelphia. Most other patients live within a 25 mile radius, although significant numbers of patients also come from eastern Pennsylvania, southern New Jersey, and Delaware.

Our Medical Center also serves as a secondary and tertiary referral center for other VA Medical Centers in Medical District No. 4. When appropriate, patients are transferred to other VA and non-VA medical care facilities. Complementing our goal of providing the highest possible quality patient care are highly regarded education, training and research programs. This 479 bed Medical Center provides primary, secondary, and tertiary care in many and varied subspecialties for acute medical, surgical, neurological, rehabilitation medicine, and psychiatric patients. Inpatient and outpatient programs have been established in alcohol and drug dependence treatment, and for hemodialysis. A hospital-based home care program provides services to house-bound patients. Inpatient and outpatient dental care is provided. Chronic and extended neuropsychiatric inpatient care services for our patients are generally provided by VAMC Coatesville, PA. Two Outreach Centers (Vet Centers) located in Philadelphia provide readjustment counseling and other assistance. Philadelphia acts as the fee basis clinic of jurisdiction for certain areas in Eastern Pennsylvania and Southern New Jersey. The geographically separated Ambulatory Care Center (ACC), located in downtown Philadelphia, provides primary care, compensation and pension examinations, and specialized outpatient services, including a day treatment center and mental hygiene clinic.

However, even while it offers this vast array of services to many veterans, the existing Medical Center facility harbors a number of serious problems. Although the existing main hospital is structurally sound, its mechanical and internal transportation systems now require either replacement or extensive modernization. More importantly, patient treatment services, including nursing units, the pharmacy, the operating room suite, and ambulatory care activities have been identified as lacking sufficient space.

Currently at the hospital site, over 90,000 outpatient visits are accomplished in an area designed for less than 20,000 visits per year. By 1990, the number of outpatient visits at the hospital site has been projected by the VA's Medical District Initiated Planning Program [MEDIPP] planning process to be 214,000 (including drugs and alcohol). When the Ambulatory Care Center Clinic workload is added, more than 325,800 visits (including alcohol, drug and mental hygiene) can be expected. The Ambulatory Care Center, which I mentioned earlier, is located in a 65-year-old General Services Administration [GSA] building in downtown Philadelphia. In spite of the obvious strain this increased demand for service has caused, we have continued to provide care and accommodate growing needs through many smaller renovation and construction projects, including replacement of 2,200 windows in the main building, completion of an 8-bed dialysis unit, and renovation and modernization of two wards, the kitchen, and the Canteen food service area.

In my opinion the proposed Clinical Addition projects will provide a solution to many of the cited physical plant problems. As you know, this $139,000,000 Clinical Addition and Renovation project is currently planned for working drawing design in FY 1986 and construction beginning in FY 1987. Its purpose is to correct patient care and physical plant deficiencies. Preliminary design work has been completed.

The project will double the physical size of the existing Medical Center. The addition will provide appropriate and adequate space for a new operating suite and for support services such as radiology and laboratory. It will allow for the consolidation of all outpatient activities at the University and Woodland Avenues site. All Ambulatory Care Center activities located on Cherry Street will be relocated to the Medical Center.

I want to emphasize that this project will not increase the number of acute care beds. Rather, the design provides new intensive care units (existing units are minimally functional and under-sized). Existing beds will be reorganized to provide a new 29-bed psychiatry ward and an additional 17 neurology beds which have been identified as necessary additions to Philadelphia's patient care mission, and they will be constructed within the existing structure only.

To address the needs of the Delaware Valley's aging veterans, whose numbers will increase by over 150% by 1990, 60 new intermediate beds will be constructed within the existing structure. In addition, a 120-bed Nursing Home Care Unit has been ap-

proved for construction on the grounds of the former Philadelphia General Hospital (PGH), located directly across University Avenue from the Medical Center. Since we have projected the need for 120 more nursing home beds by 1990, our architect has been authorized by Central Office to plan a 240-bed unit. Our Nursing Home Care Unit will provide beds primarily for those veterans who are difficult to place in community nursing homes. Community homes will remain the major resource for those veterans requiring post-hospitalization or extended nursing care.

Finally, I believe that, with this project accomplished, we will be able to continue to provide the highest quality medical care to all Southeastern Pennsylvania and other Delaware Valley veterans who need our services.

I'll be pleased to answer any questions you may have.

TESTIMONY BY JAMES L.G. PARSONS II, DIRECTOR, VA MEDICAL CENTER, COATESVILLE, PA

INTRODUCTION

Mr. Chairman and members of the subcommittee, I appreciate the opportunity to appear this evening and present general and specific testimony on the assigned topics of "quantity" and "quality" of VA health care being delivered by VAMC, Coatesville to the Veterans of Southeastern Pennsylvania.

PART I—QUANTITY

To address "quantity", it will be necessary to present an overview of VAMC Coatesville which highlights what the Medical Center "is" and what it "does" for our veterans.

Location and clientele served.—VAMC Coatesville officially opened on November 11, 1930. It is located approximately 40 miles west of Philadelphia in Chester County.

As has been customary with some VA psychiatric facilities, an independent Primary Service Area [PSA] has never been officially assigned. However, past discharges clearly indicate that the majority of our veteran patient population is derived from Southeastern Pennsylvania, Delaware and Southern New Jersey. It should be noted that VAMC Coatesville is one of seven medical centers in the VA's Medical District No. 4 which is itself part of Region No. 2.

Major functions and levels of care.—Coatesville is a large, predominantly psychiatric VA medical center comprised of 1224 Authorized and 1044 Operating Hospital Beds and 120 Nursing Home Care Unit Beds. The medical center provides all levels of in-patient care for the medical, neurological and psychiatric patient. Outpatient services for psychiatric, substance abuse, medical, and geriatric patients are also provided. It should be further noted that significant rehabilitation programs, an outpatient satellite clinic in Philadelphia, a day treatment program, and both residential and community nursing home programs are integral parts of the medical center's operations. Whenever surgical and other tertiary medical services are needed by VAMC Coatesville's patients, transfers are effected to the VA medical centers in Philadelphia, Pennsylvania and Wilmington, Delaware. In emergencies, transfers are also made to non-VA medical centers.

Workloads.—The medical center's 1044 hospital operating bed complement is divided into: 720 Psychiatric; 264 Medical (76 Medicine/188 Intermediate); and, 60 Neurological beds. By experiencing a patient load (Average Daily Census) of approximately 900, the occupancy rate has been running at the 86% level. Last fiscal year ('83), Patients Treated (Discharges & Census) amounted to 3,733, and it appears that this fiscal year's ('84) experience will be quite similar. The Patient Turnover Rate, due to the long term care nature of the medical center, has historically averaged approximately 25%. The major bed programs do not experience significant numbers of patients on an admission waiting list; however, internal waiting lists for such programs as Post Traumatic Stress Disorder [PTSD], Geriatric Evaluation Unit [GEU]; and Substance Abuse Treatment Unit [SATU] do affect daily operations. The outpatient program has, over the past few years, remained fairly stable at approximately 35,000 staff visits (approximately 60% Service-Connected—40% Non-Service-Connected). The outpatient fee visit experience has been approaching the 3,000 level. VAMC Coatesville's Nursing Home Care Unit bed complement has, within the past year, increased from 50 to 120 beds. Such has been made possible by occupation of the newly constructed 120-bed unit. Patient occupancy within this unit is approaching full capacity. The Community Nursing Home Care Program's average daily census for the first half of FY '84 has been 171. Regarding the Agent Orange

Examination Program, 324 initial exams and 84 follow-up exams have been completed, to date. The experience with the Possible Exposure to Radiation Program has been quite low in that only 2 veterans have requested and received such examinations. It should be noted that VAMC Coatesville maintains a female veterans ward with an average census of 30, and we are planning to integrate all wards.

Special programs.—VAMC Coatesville has six approved and funded special medical programs. They are—Alcohol Treatment Unit, Drug Dependence Treatment Center, Acute Care [AMCU], Pulmonary Function Lab, Respiratory Care, and Nuclear Medicine. I believe it appropriate to also mention that VAMC Coatesville has, in the past, initiated a few special programs without special funding. Specifically, they are—Day Treatment Center, Geriatric Evaluation Unit, Post Traumatic Stress Disorder Unit, the Coatesville-Jefferson Outpatient Clinic, and an Alzheimer's Disease Program.

PART II—QUALITY

The delivery of optimal achievable health care to eligible veterans . . . while at the same time efficiently using limited resources, is central to the provision of quality care. Health care provided by the staff at VAMC Coatesville is subjected to an extensive number of audits, reviews, evaluations and surveys which, taken as a whole, provide an indication of how well the medical center is doing in its quality-care efforts. These audits, reviews, etc., provide necessary feed-back on the level of quality care which is being provided locally. Examples of VAMC Coatesville's performance include the fact that The Joint Commission on Accreditation of Hospitals [JCAH] has given the medical center a three-year accreditation (maximum allowable) in the Hospital Accreditation Program and the Long Term Care Program. A recent Systematic External Review [SERP] Team's site visit resulted in a two-year accreditation. Quite admittedly, deficiencies have been identified, areas for improvement have been noted, and recommendations for change have been made . . . but, such are natural and always expected as part of a quality review experience. I should also note that VAMC Coatesville, like all other VA medical centers, is continually subjected to quality reviews by the Inspector General's Office [IG], General Accounting Office [GAO], Nuclear Regulatory Agency, College of American Pathologists [CAP], American Psychology Association [APA] and many other groups . . . not the least of which are the numerous veterans' organizations. Additional on-site reviews are conducted by officials from the various affiliated educational institutions with which training agreements are maintained. In total, VAMC Coatesville's standing with all the various reviewers indicates that quality care is being provided to our veteran patients.

So far, I have only mentioned the external review mechanisms which evaluate quality of patient care. Internally, VAMC Coatesville functions under a comprehensive Quality Assurance Program. The program's goals include: monitoring all aspects of patient care and reviewing utilization of services; implementation of an integrated, on-going, and cost effective quality assurance effort within all services and programs; and, identification of problems which have impact on health care delivery. Staff and program accountability is emphasized throughout all QA activities. The QA process is both interactive and top down-bottom up. Evidence of such is that the QA program is mandated by VA Central Office and responsibility rests at the highest level within the medical center; however each service is responsible for developing, implementing and following-up on all QA activities. Services maintain and make quarterly reports on such things as—applicable standards and criteria, short and long range goals, and the status of resolving cited deficiencies. The QA program also is the means through which specific assessments are made to identify existing and potential problem areas which affect the provision of quality care.

It should also be noted that the QA program includes credentialing and delineation of privileges for physicians as well as non-physician clinical staff members.

The overall QA effort is so extensive that a full-time Health Systems Review Organization Coordinator, Utilization Review Nurse and Management Assistant are employed to coordinate and implement the QA program.

In closing, I once again offer my appreciation for the opportunity to present this testimony. I hope that it is, in some way, helpful to the subcommittee. Thank you.

VETERANS' ADMINISTRATION,
OFFICE OF GENERAL COUNSEL,
Washington, DC, August 9, 1984.

Hon. BOB EDGAR,
Chairman, Subcommittee on Hospitals and Health Care, Committee on Veterans' Affairs, Washington, DC.

DEAR MR. CHAIRMAN: Enclosed are the Agency's responses to the questions you submitted following the July 12, 1984, hearing on the quality of health care in Pennsylvania.

I appreciate this opportunity to provide additional information for the record.

Sincerely yours,

JOHN P. MURPHY, *General Counsel.*

Enclosure.

TESTIMONY OF ANDREW D. SACK, ASSOCIATE MEDICAL CENTER DIRECTOR, VAMC, COATESVILLE, PA, FOR JAMES L.G. PARSONS II, MEDICAL CENTER DIRECTOR, VAMC, COATESVILLE, PA

Question and Answer to be reflected in the hearing's record:

Question by Chairman. Legislation I have introduced would expand and provide funding for additional inpatient PTSD units for Vietnam Veterans in VA Medical Facilities. I understand that a recommendation has gone forward to expand the existing unit at the Coatesville VAMC. What is the status of that recommendation?

Answer of Mr. Sack. VAMC Coatesville's proposal has been approved by the Medical District's District Planning Board and will soon be considered by the District Executive Council. Therefore, the proposal is progressing through the MEDIPP process and will hopefully be approved at all necessary levels.

Response of Chairman. We have received testimony both here and in Washington that such an expansion is fully justified and warranted.

VETERANS' ADMINISTRATION,
MEDICAL CENTER,
Philadelphia, PA.

In reply refer to: 642/00.

Hon. BOB EDGAR,
Chairman, Subcommittee on Hospitals and Health Care, Committee on Veterans' Affairs, Washington, DC.

DEAR MR. CHAIRMAN: As requested at the July 12, 1984 Subcommittee hearing held at Springfield High School, Springfield, PA, we are pleased to submit our responses to the questions provided by the Subcommittee regarding the Philadelphia Veterans Administration Medical Center:

1. Mr. Williams, in your personal opinion, how is the reduction in employment in grades 11–15 or the equivalent, ordered by the Office of Management and Budget, going to affect the quality of health care delivered in your facility?

In my personal opinion, I think there is a potentially significant adverse impact on our Medical Center. I don't think that this proposal was intended to apply to health care professionals, because this proposal hits hardest at those professionals, such as physicians, dentists, registered nurses, psychologists, social workers, and pharmacists, who deliver direct patient care. For example, 95% of our physicians and dentists are in grades 14 or 15; and 61% of our registered nurses are in grades 11 or above. Yet, personnel in grades 11 and above account for only 26.3% of all full-time employees. Many nurses are recruited at the GS–11 level. Those who are recruited at the GS–9 level expect to be promoted to the GS–11 level at the earliest opportunity. In fact, Central Office recently changed the standards for appointment of intermediate grade (GS–11 equivalent) nurses in order to be more competitive. Qualified physicians and dentists cannot be recruited below the grade 11 equivalent. Considerable effort will be required by Medical Center management to assure that these reductions do not affect the quality of our patient care. However, if the agency is unable to reverse the long-term inclusion of the GS–11 through GS–15 equivalents in the base for the overall salary reduction, I think VA Medical Centers will find it extremely difficult to appoint Title 38 health care personnel at the equivalent grades authorized by the appropriate qualification standard. This will seriously affect recruitment, appointments, promotions and retention of key employees at these grades. The immediate impact of the OMB order was a reduction in our

budget of $80,000 for fiscal year 1985. If Title 38 employees had been excluded, the impact would have been approximately half that amount.

2. Mr. Williams, the number of veterans age 65 or older in the Philadelphia VA Medical Center primary service area is expected to increase by 156% in 1990 and by 194% by the year 2000. What percentage of the nursing home care beds do you anticipate the VA will provide to meet the demand for care, and what percentage do you think will be provided by the state home program and by contract with the private sector? What problems are you encountering in meeting the present demand for nursing home care, and what do you believe will be needed to meet that demand?

Nursing home bed projections indicate that 6,594 nursing home beds will be needed in the Philadelphia primary service area by 1995. Of these, 1,055 nursing home beds will be needed for veterans by 1995. We anticipate that the VA should provide 40% or 422 beds to treat eligible veterans. An additional 40% would be provided by community nursing homes and 20% by state nursing homes. The present demand for nursing home care presents several problems. No VA nursing home care beds exist in the Philadelphia PSA, although a 120-bed nursing home care unit has been approved by VA Central Office as part of the Clinical Addition construction project. Because we have no beds available directly to us, we rely upon the community nursing home program. At the present time, we are experiencing difficulty in placing patients in these community homes because of a general reluctance of community nursing homes to accept VA patients who often require a high level of skilled nursing care and/or are difficult to manage due to behavioral problems. Also, the number of non-veterans who will require nursing beds is increasing. This will make placement of veterans in community homes even more difficult. Although projections indicate we will need 422 VA beds, the proposed 240 VA beds combined with state home beds and our community placement program will help to address both present and anticipated demands.

3. Mr. Williams, we understand the Philadelphia and Coatesville VA Medical Centers have made a joint proposal to VA Central Office to establish a GRECC. Would you give us a report on the status and scope of that proposal?

We are currently working on development of a joint proposal with Coatesville. A GRECC Development Committee has been established with the Medical District 4 Coordinator, Mr. Jay Halpern, as committee coordinator. Three representatives from each Medical Center serve on the committee as well as representation from the three affiliated Medical Schools. The GRECC would be a district resource and would address clinical, educational, research, and administrative matters regarding care and treatment programs for the elderly veteran. We anticipate submitting our formal proposal in 1985.

Mr. Williams, what do you personally see as the impact of the Senate Veterans Affairs Committee recommendation regarding the Philadelphia major construction project? The project only has 32 intensive care beds, and the Senate recommends cutting 139 beds which in effect would close ⅓ of your existing facility. Does the Philadelphia project increase the number of acute care beds authorized for the facility? What did the MEDIPP process identify as being needed?

The Philadelphia VA Medical Center currently has 479 authorized beds. Upon completion of the Clinical Addition Project, the Medical Center would have 538 authorized beds (plus 120–240 bed Nursing Home Care Unit). However, as I indicated in my prepared statement, the number of acute care beds will not be increased. In fact, we will reduce our acute care beds by 51 beds. Existing beds will be redesignated to provide 29 additional psychiatric beds and 17 additional neurology beds. Sixty (60) intermediate (extended care) beds will be created within the existing structure. The only beds to be constructed within the clinical addition itself are 32 intensive care beds which will be relocated from the existing structure. All of these changes have been identified as necessary to Philadelphia's patient care mission by the MEDIPP process. We anticipate no further increase in the number of total beds required in 1990, 1995, or 2000. If the Senate recommendation of cutting 139 beds were implemented, we would be unable to provide the full range of tertiary patient care we now provide, a change in mission would result, and our ability to serve the medically indigent veteran would be compromised.

5. Mr. Williams, as you know, this Subcommittee has been very supportive of the readjustment counseling program. In Public Law 98–160, we extended the program for four years, and our recommendation to the Appropriations Committee expanded the program by ⅓ or 220 staff. Would you tell us of the activity in your Vet Centers?

We currently support two Vet Centers located in Philadelphia. One is located in the Olney section and the other in Center City on Arch Street. Through June 30 of

this year, the Outreach Center in Olney had 1,006 visits and the Arch Street Center had 1,564 visits. We recently received authorization to recruit two additional counselors. This will enable us to provide better support to the veterans of Delaware County, Pennsylvania. Two individuals have been selected and will report for duty this month. Both are Viet-Nam veterans with experience in military social work and other outreach programs. These counselors will establish a satellite center in Delaware County under the supervision of the Olney Center. They are currently working with active veterans groups in Delaware County to select an appropriate location.

If you require further information, please call me at (215) 823-5887.

Sincerely,

R.T. WILLIAMS, *Director.*

WYNNEWOOD, PA,
July 12, 1984.

Hearing: July 12, 1984, Springfield Township Municipal Building, 50 Powell Road, Springfield, PA.

Congressman ROBERT W. EDGAR,
Chairman, House Veterans' Affairs Subcommittee on Hospitals and Health Care.

The Hon. G.V. MONTGOMERY,
Chairman of the Full Committee.

May I introduce myself: Louise M. Watson, Widow of a deceased U.S. Marine from Pa. Past Commander of the DAV Ladies Auxiliary Chapter 113—Delaware County and a teacher in Del. County Schools, specifically—Interboro District.

I would like to go on record as supporting all of the recommendations by Congressman Edgar, especially those recommendations concerning additional psychological treatment programs for Vietnam Veterans. I work with many families of Vietnam Veterans and understand all too well many of their problems. However, we should not lose sight of the fact that many of our World War II Veterans also still have problems.

I would like to suggest that some serious consideration be given to studying the problems of our aging veterans, especially those now over the age of 60; and especially some provisons that would also include their drugs and medicines prescribed by non-VA physicians for service connected disabilities.

I would further like to recommend that any man over sixty with a disability be given a complete review of his claim and perhaps reevaluate his claim and disabilities. I feel this is an urgent need in light of some of my own experiences recently in trying to help my own brother (a disabled veteran) secure the reevaluation of his disability claim.

My brother's name: Billy Joe McCall, 817 Lincoln Avenue, Johnson City, TN 37601, C5 575 420. Service #34720726.

After many months of waiting for an appointment to have a review of his claim with the Veterans Administration, this man was asked to report to the VA Hosptial in Mtn. Home Tennessee on June 26th, 1984. I am saddened to report that this man's experience was far from satisfactory.

Quote from his own words:

"My examination consisted of raising my pants leg above the knee and the Dr. pressed on the right and left knees.

He then took my blood pressure and examined by heart, after I had to insist on taking my shirt off. He then listened to the upper part of my back."

He was later sent to the Psychiatrist, and this visit was much more satisfactory and supportive.

Since this Veteran has a back full of shrapnel in the lower back and hip, this examination did not even cover that portion of his disability. After much insistence, by the Veteran, he was sent to have X-rays and laboratory work.

Later he was given an appointment to see an Orthopedic Surgeon on August 3rd. I find it difficult to understand why this man was not given the courtesy of a complete physcial examination by the Medical doctor and why the orthopedic examination was not scheduled at the same time. I want you to know that all of this has caused not only the Veteran and his family much anguish and it is most depressing to me to see such neglect.

Here is a man who was discharged as a Staff Sergeant-Rifleman Squad Leader from Battey General Hospital in Rome, Ga., for disability in 1945 of 100%. Later he was reduced to 60% and in 1979 to 20%. He has 4 Bronze Battle Stars, Purple

Hearts, Oak Leaf Cluster and a Bronze Star Medal from the 29th Infantry. He enterd combat on D-Day—the Invasion of Normandy; the Battle of the Bulge, and the Battle of St. Lo. It would appear to me that he is entitled to a fair and adequate evalution of his claim in view of his services and sacrifices in the service of his country. I am certain there are many other veterans who have faced problems similar to my brother. Thank you.

LOUISE M. WATSON.

JULY 31, 1984.

Mr. B. EUGENE CRUMRINE, Jr.,
West Front Street,
Media, PA.

DEAR MR. CRUMRINE: Thank you for your letter enclosing a copy of The BVA Bulletin. I regret the Subcommittee on Hospitals and Health Care hearing on July 12th conflicted with your State convention but, as you know, it is difficult to coordinate the schedules of Congressmen.

The Subcommittee received testimony from the BVA on June 13th, as The Bulletin indicates. In addition, the BVA has testified before some of our other Subcommittees as well as the full Committee on Veterans' Affairs. We are committed to working very closely with your leadership in support of the needs of blinded veterans.

I appreciate the comments contained in your letter, and will have them included in the July 12th Subcommittee on Hospitals and Health Care hearing record.

Sincerely,

BOB EDGAR, *Chairman,*
Subcommittee on Hospitals and Health Care.

MEDIA, PA,
July 21, 1984.

Congressman ROBERT W. EDGAR,
Chairman, Subcommittee on Hospitals and Health Care of the House Veterans' Affairs Committee and Seventh District of Pennsylvania, Washington, DC.

DEAR CONGRESSMAN EDGAR: In case you have not already received same, enclosed is a copy of the BVA Bulletin of July-August 1984, national bulletin of the Blinded Veterans Association, which contains a description of the appearance of Dr. George E. Stocking, the BVA's National Legislative Committee Chairman before your subcommittee.

This bulletin appears in the large print edition enclosed for low vision veterans and an audio record edition for totally blind veterans. The latter is played on the regular Talking Book machine used to read recorded library books by most totally blind persons.

Some of us are glad that Dr. Stocking's remarks appeared in this issue of the BVA Bulletin because due to an unfortunate coincidence the Pennsylvania State blind veterans' convention dates in Pittsburgh and that of your committee's hearing in Springfield, Pa. overlapped. We were concerned that your subcommittee would not receive input from blind veterans.

I would like to add my own personal and unofficial remarks to Dr. Stocking's as reported. Blind people do present some special problems in hospitals and nursing homes and, unfortunately, blind persons have been eliminated from consideration for entrance into some civilian nursing homes because of lack of knowledge in dealing with the problems. For example will a blind person who uses a Seeing Eye Dog be permitted to have the Seeing eye dog in the nursing home with them or be forced to give them up? If the dog is permitted who is to take care of it's needs and how? Suppose the veteran is newly blinded and does not know how to travel to the dining room although with a little travel training they would be perfectly capable of doing so? This is also true of other simple personal needs within the hospital or nursing home. Congressman, you would probably be surprised to know how many even professional hospital and nursing home personnel are fearful of blind persons and are untrained in meeting even the blind person's elementary needs. But perhaps Dr. Stocking or others have informed you and your committee of these problems. If not

I am sure the Blinded Veterans Association would be happy to inform you and/or your designate(s). Their Washington telephone number is in the Washington, DC directory.

Thank you for your attention and devotion to our cause.

Sincerely,

B. EUGENE CRUMRINE, Jr.

Office of General Counsel Washington, D.C. 20420

Veterans Administration

AUG 9 1984

Honorable Bob Edgar
Chairman
Subcommittee on Hospitals and
Health Care
Committee on Veterans' Affairs
2352 Rayburn House Office Building
Washington, D.C. 20515

Dear Mr. Chairman:

Enclosed are the Agency's responses to the questions you submitted following the July 12, 1984, hearing on the quality of health care in Pennsylvania.

I appreciate this opportunity to provide additional information for the record.

Sincerely yours,

John P. Murphy

JOHN P. MURPHY
General Counsel

Enclosure

In Reply Refer To: (02C)

TESTIMONY OF ANDREW D. SACK
ASSOCIATE MEDICAL CENTER DIRECTOR
VAMC, COATESVILLE, PA
for
JAMES L. G. PARSONS II
MEDICAL CENTER DIRECTOR
VAMC, COATESVILLE, PA
before the
U. S. HOUSE OF REPRESENTATIVES - COMMITTEE ON VETERAN'S AFFAIRS
SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE
July 12, 1984

****

Question and Answer to be reflected in the hearing's record:

Question by Chairman: Legislation I have introduced would expand and provide funding for additional inpatient PTSD units for Vietnam Veterans in VA Medical Facilities. I understand that a recommendation has gone forward to expand the existing unit at the Coatesville VAMC. What is the status of that recommendation?

Answer of Mr. Sack: VAMC Coatesville's proposal has been approved by the Medical District's District Planning Board and will soon be considered by the District Executive Council. Therefore, the proposal is progressing through the MEDIPP process and will hopefully be approved at all necessary levels.

Response of Chairman: We have received testimony both here and in Washington that such an expansion is fully justified and warranted.

Medical Center

University & Woodland Ave.
Philadelphia PA 19104

File R

Veterans Administration

In Reply Refer To: 642/00

Honorable Bob Edgar
Chairman
Subcommittee on Hospitals and Health Care
Committee on Veterans' Affairs
2352 Rayburn House Office Building
Washington, DC 20515

Dear Mr. Chairman:

As requested at the July 12, 1984 Subcommittee hearing held at Springfield High School, Springfield, PA, we are pleased to submit our responses to the questions provided by the Subcommittee regarding the Philadelphia Veterans Administration Medical Center:

1. Mr. Williams, in your personal opinion, how is the reduction in employment in grades 11-15 or the equivalent, ordered by the Office of Management and Budget, going to affect the quality of health care delivered in your facility?

In my personal opinion, I think there is a potentially significant adverse impact on our Medical Center. I don't think that this proposal was intended to apply to health care professionals, because this proposal hits hardest at those professionals, such as physicians, dentists, registered nurses, psychologists, social workers, and pharmacists, who deliver direct patient care. For example, 95% of our physicians and dentists are in grades 14 or 15; and 61% of our registered nurses are in grades 11 or above. Yet, personnel in grades 11 and above account for only 26.3% of all full-time employees. Many nurses are recruited at the GS-11 level. Those who are recruited at the GS-9 level expect to be promoted to the GS-11 level at the earliest opportunity. In fact, Central Office recently changed the standards for appointment of intermediate grade (GS-11 equivalent) nurses in order to be more competitive. Qualified physicians and dentists cannot be recruited below the grade 11 equivalent. Considerable effort will be required by Medical Center management to assure that these reductions do not affect the quality of our patient care. However, if the agency is unable to reverse the long-term inclusion of the GS-11 through GS-15 equivalents in the base for the overall salary reduction, I think VA Medical Centers will find it extremely difficult to appoint Title 38 health care personnel at the equivalent grades authorized by the appropriate qualification standard. This will seriously affect recruitment, appointments, promotions and retention of key employees at these grades. The immediate impact of the OMB order was a reduction in our budget of $80,000 for fiscal year 1985. If Title 38 employees had been excluded, the impact would have been approximately half that amount.

2. Mr. Williams, the number of veterans age 65 or older in the Philadelphia VA Medical Center primary service area is expected to increase by 156% in 1990 and by 194% by the year 2000. What percentage of the nursing home care beds do you anticipate the VA will provide to meet the demand for care, and what percentage do you think will be provided by the state home program and by contract with the private sector? What problems are you encountering in meeting the present demand for nursing home care, and what do you believe will be needed to meet that demand?

Nursing home bed projections indicate that 6,594 nursing home beds will be needed in the Philadelphia primary service area by 1995. Of these, 1,055 nursing home beds will be needed for veterans by 1995. We anticipate that the VA should provide 40% or 422 beds to treat eligible veterans. An additional 40% would be provided by community nursing homes and 20% by state nursing homes. The present demand for nursing home care presents several problems. No VA nursing home care beds exist in the Philadelphia PSA, although a 120-bed nursing home care unit has been approved by VA Central Office as part of the Clinical Addition construction project. Because we have no beds available directly to us, we rely upon the community nursing home program. At the present time, we are experiencing difficulty in placing patients in these community homes because of a general reluctance of community nursing homes to accept VA patients who often require a high level of skilled nursing care and/or are difficult to manage due to behavioral problems. Also, the number of non-veterans who will require nursing beds is increasing. This will make placement of veterans in community homes even more difficult. Although projections indicate we will need 422 VA beds, the proposed 240 VA beds combined with state home beds and our community placement program will help to address both present and anticipated demands.

3. Mr. Williams, we understand the Phildelphia and Coatesville VA Medical Centers have made a joint proposal to VA Central Office to establish a GRECC. Would you give us a report on the status and scope of that proposal?

We are currently working on development of a joint proposal with Coatesville. A GRECC Development Committee has been established with the Medical District 4 Coordinator, Mr. Jay Halpern, as committee coordinator. Three representatives from each Medical Center serve on the committee as well as representation from the three affiliated Medical Schools. The GRECC would be a district resource and would address clinical, educational, research, and administrative matters regarding care and treatment programs for the elderly veteran. We anticipate submitting our formal proposal in 1985.

4. Mr. Williams, what do you personally see as the impact of the Senate Veterans Affairs Committee recommendation regarding the Philadelphia major construction project? The project only has 32 intensive care beds, and the Senate recommends cutting 139 beds which in effect would close 1/3 of your existing facility. Does the Philadelhia project increase the number of acute care beds authorized for the facility? What did the MEDIPP process identify as being needed?

The Philadephia VA Medical Center currently has 479 authorized beds. Upon completion of the Clinical Addition Project, the Medical Center would have 538 authorized beds (plus 120-240 bed Nursing Home Care Unit). However, as I indicated in my prepared statement, the number of acute care beds will not be increased. In fact, we will reduce our acute care beds by 51 beds. Existing beds will be redesignated to provide 29 additional psychiatric beds and 17 additional neurology beds. Sixty (60) intermediate (extended care) beds will be created within the existing structure. The only beds to be constructed within the clinical addition itself are 32 intensive care beds which will be relocated from the existing structure. All of these changes have been identified as necessary to Philadelphia's patient care mission by the MEDIPP process. We anticipate no further increase in the number of total beds required in 1990, 1995, or 2000. If the Senate recommendation of cutting 139 beds were implemented, we would be unable to provide the full range of tertiary patient care we now provide, a change in mission would result, and our ability to serve the medically indigent veteran would be compromised.

5. Mr. Williams, as you know, this Subcommittee has been very supportive of the readjustment counseling program. In Public Law 98-160, we extended the program for four years, and our recommendation to the Appropriations Committee expanded the program by 1/3 or 220 staff. Would you tell us of the activity in your Vet Centers?

We currently support two Vet Centers located in Philadelphia. One is located in the Olney section and the other in Center City on Arch Street. Through June 30 of this year, the Outreach Center in Olney had 1006 visits and the Arch Street Center had 1,564 visits. We recently received authorization to recruit two additional counselors. This will enable us to provide better support to the veterans of Delaware County, Pennsylvania. Two individuals have been selected and will report for duty this month. Both are Viet-Nam veterans with experience in military social work and other outreach programs. These counselors will establish a satellite center in Delaware County under the supervision of the Olney Center. They are currently working with active veterans groups in Delaware County to select an appropriate location.

If you require further information, please call me at (215) 823-5887.

Sincerely,

R. T. Williams

R. T. WILLIAMS
Director

RECEIVED
JUL 19 1984
DIRECTOR, MID-ATLANTIC REGION
(10A2)